## Statement of Loans Received

Page	

Prescribed by Secretary of State 3/05

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Full Name of Committee Friends of Cortez Bogard								-				
From Whom Received							Prior Am	ount		Amt. Incurred this Period		
Cortez Lee Bogard						\$39	,024.00	)	\$0.00			
Address 379 W 4th Ave										Outstanding Balance \$31,934.00		
City Columbus	St ste OH	Zip Code 43201		Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	м 0 2	0 3	1 2	М	D	Y	S	м 0 2	<sup>D</sup> 2 7	1 2	s \$1,090.00	
Registration Number, if PAC	<u> </u>	1	<u> </u>	М	D	Y		м 0 3	0 6	1 2	\$3,000.00	
Employer/Occupation/Labor Organization*				М	D	Y		м 0 3	<sup>D</sup> 2 9	1 2	\$3,000.00	
From Whom Received Cortez Lee Bogard				<b>4</b>	•			Prior Am \$11	,500.00	)	Ams. Incurred this Period \$0.00	
Address 379 W 4th Ave									-		Outstanding Balance \$10,500.00	
City Columbus	St ate OH	Zip Code 43201	-	Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	м 0 2	2 2	1 2	М	D	Y	is .	м 0 2	<sup>D</sup> 2 7	1 2	\$ \$1,000.00	
Registration Number, if PAC	1	<u> </u>		M	D	Y	· · · · · · · · · · · · · · · · ·	М	D	Ŷ		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received					•		<u> </u>	Prior Am	ount		Amt. Incurred this Period	
Address				· · · · · · · ·							Outstanding Balance	
City	St sate OH	Zip Code		Loans Received This Period Date Amount				Pay ments This Period Date Amount				
Date Loan was originally incurred	М	D	Y	М	D	Y	S	М	D	Y	S	
Registration Number, if PAC				М	D	Y		М	D	Ÿ		
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y			
Required for contributions from in	dividuals o	ver \$100 i	o statewid		eneral as	sembly	candidates. If contribu			i, the occ	cupation and the name of	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

1 Total prior amount \$ \$50		
<sup>2</sup> Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$8,090.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$42,434.00	(To Form No. 30-A

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]