Statement of Loans Received

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Page	

Prescribed by Secretary of State 3/05

		THE RESERVE THE PARTY OF THE PA	Market and the second second	*************	NAME AND ADDRESS OF THE OWNER, WHEN			Assessment of the second secon	WOMEN CONTRACTOR	HILLOW THE PARTY OF THE PARTY O	NO STREET, STR	
Full Name of Committee Citizens for Bonnie Michae												
									·	Society Control Control		
From Whom Received Bonnie Michael							Prior Amount \$6,046.00			Amt. Incurred this Period \$0.00		
Address												Outstanding Balance
6681 Markwood Street												\$6,046.00
City	St ate	Zip Code	:	Granden and American E		olegy and the same					200000000000000000000000000000000000000	
Worthington	ОН	43085		Loans Received This Period Date Amount					This Period Amount			
Date Loan was	м 1 2	1 0	9 2	М	D	Y	\$		М	D	Y	\$
originally Incurred	<u> </u>	L	<u> </u>	М	D	Y	!	-	M	D	Y	
Registration Number, if PAC				iVI	יי	I			IVI	D	1	Market Commence
Employer/Occupation/Labor Organization	n*			М	D	Y			M	D	Y	***************************************
Attorney-at-Law												
From Whom Received									Prior Am	ount		Amt. Incurred this Period
Address					***************************************	*****						Outstanding Balance
City	St ate OH	Zip Code	;	Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was	М	D	Y	М	D	Y	\$		М	D	Y	\$
originally Incurred									Ĭ			
Registration Number, if PAC				М	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
From Whom Received		**************************************		<u> </u>		L		*******************	Prior Am	ount	In the second	Amt. Incurred this Period
Address												Outstanding Balance
City	St ate	Zip Code				e a encentiare particular		MANAGEMENT AND ASSESSMENT OF THE PARTY OF TH				
	ОН					s Receiv	ed This Perio				'ayments	This Period
	M	D	Y	M	Date D	Y	A No	mount	M	Date	l y	Amount \$
Date Loan was originally Incurred	144		1	141		1			171		I.	
Registration Number, if PAC	1	L		М	D	Y			М	D	Y	
			!	 	 				<u> </u>	<u> </u>		
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
* Required for contributions from inc	dividuals o	ver \$100	to statewic	le and ge	eneral as	sembly	candidates.	If contribut	or is self-	employe	d, the oc	cupation and the name of
the individual's business if any rati												

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).

Total prior amount \$\$6,	046.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$6,046.00	(To Form No. 30-A)

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)]