Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Committee							_				
Friends of Lor From Whom Received	i Ani	1 Feibel	•							!	
From Whom Received							Prior Amount Amt. Incurred this Period				
Jonathan B. Feibel Address BON, Parkview Ave City Bexley State Zip Code 04 43209 Loans Received This Period Date Amount								0	. 00	1,000,00	
180 N. Parkvi	en A	ve								Amt. Incurred this Period 1,000,00 Outstanding Balance 1,000,00	
Bexley	OH.	Zip Code 432 0 9	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred	04	0813	3 M	D	Y	s	М	D	Y	\$	
Registration Number, if PAC	.1	<u> </u>	М	D	Y		M	D	Y		
r-li io						ļ <u></u>					
Employer/Occupation/Labor Organization*			M	D	Y		M	P	Y		
From Whom Received							Prior An	nount		Amt. Incurred this Period	
Address .									Outstanding Balance		
City	St ate	Zip Code	Loans Received This Period					Payments This Period			
Date Loan was	M	D Y	М	Date	Y	Amount \$	М	Date D	Y	Amount \$	
originally Incurred Registration Number, if PAC			M	D	Y			D	1		
, in the second]]		М		ľ		
Employer/Occupation/Labor Organization®			М	D	Y		М	D	Y		
From Whom Received			<u> </u>	<u>! '</u>	1 1		Prior An	nount	!	Amt. Incurred this Period	
Address		<u> </u>									
										Outstanding Balance	
City	St ate	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	M _.	D Y	М	D	Y	\$	М	Đ	Y	s	
Registration Number, if PAC	<u> </u>	<u> </u>	М	D	Y		М	D	Y	···	
Employer/Occupation/Labor Organization	n*	· · · · · · · · · · · · · · · · · · ·	М	D	Y .		M	D	Y		
 Required for contributions from inche individual's business, if any, rathlabor organization of which the employee 	her than em	ployer should be li	sted. If	two or m	ore emp	loyees contribute via pa	tor is self- tyroll ded	employed uction and	i, the occi i exceed	cupation and the name of the aggregate of \$100, the	
If a loan is forgiven, write "Forgi Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total o	of all payments n	Balanc nade in	e" space this per	. Transi iod to th	Fer total of all loans researched Expe	eceived nditures	this perio (Form N	od to the o. 31-B	e Statement of Other). Transfer Outstanding	
Total prior amount \$	00										
² Total received this period \$	1000,0	00	_ (To F	Form No	. 31-A-2	2)					
³ Total payments this period \$	0,	00		(То Гопт	n No. 3	1-B)					
Total Outstanding Balance \$ \(\left[1000.00 \) (To Form No. 30-A)											