## Statement of Loans Received

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Page	

Prescribed by Secretary of State 3/05

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Friends of Lor	i Ann	Feibel	/									
From Whom Received	,,,,,	- ,					D					
Full Name of Committee  Friends of Losi Ann Feibel  From Whom Received  Jonsthan B. Feibel  Address  180 N. Parkview Ave							Prior A	mount C	9.00	Amt. Incurred this Period  1,000,00  Outstanding Balance 1,000,00		
180 N. Parkvi	ew A	ve						<del>-</del>		Outstanding Balance		
Bexley	St ate	Zip Code 432 <b>0</b> 9		Loans Received This Period				Payments This Period				
007.00	l M	7 / Z /	М	Date	· Y.	Amount	<del> </del>	Date	-1	Amount		
Date Loan was originally Incurred	04	081	3			]	M	D	Y	3		
Registration Number, if PAC			М	D,	Y.	<u> </u>	M	D	Yı			
			_	1	]							
Employer/Occupation/Labor Organization*				D <sub>.</sub>	Y		M	D	Y			
From Whom Received	<u></u>	<u> </u>		;	<u> </u>			i				
Tron whom received			•			•	Prior A	mount		Amt. Incurred this Period		
Address					·					Outstanding Balance		
City	St ate	Zip Code		Loa Date	ns Recei	ved This Period			Payments	This Period		
F	M	D Y	М	D	Y.	Amount	М	Date D	Yi	- Amount		
Date Loan was originally Incurred	i					İ						
Registration Number, if PAC		1 1	M	D	Y	<del></del>	M	- ; D	;   Y;			
			+									
Employer/Occupation/Labor Organization*				D	Y		М	D.	Y			
From Whom Received			!	· ·	!		Prior Ar	. : <u> </u>	!	Amt. Incurred this Period		
								-oun		Ant. memerans rend		
Address										Outstanding Balance		
City	St ate	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount				
part in	M	D <sub>i</sub> Y <sub>i</sub>	M	D	Y	S	M,	Date	Y	Amount S		
Date Loan was originally Incurred			!	1								
Registration Number, if PAC	\ <u> </u>		M	D	Y		M	D 1	Y			
				;				i		İ		
Employer/Occupation/Labor Organization	1*		M ¦	D	Y		М	. D	Y			
* Required for contributions from inc	lividuala or	er \$100 to statem	ida and a		<u> </u>	andidates 15 and 3 and	!		1 1			
the individual's business, if any, rath labor organization of which the emp	er than em	ployer should be I	isted. If t	wo or m	ore emp	loyees contribute via pa	or is seit iyroll dec	-employe luction an	ed, the occ ad exceed	the aggregate of \$100, the		
		_		• •	•							
lf a loan is forgiven, write "Forgi income (Form No. 31-A-2). Trans	sfer total o	of all payments i	Balance nade in 1	" space this per	. Trans lod to tl	fer total of all loans r he Staternent of Expe	eceived nditures	this peri (Form N	iod to the No. 31-B	e Statement of Other  ). Transfer Outstanding		
Balance to the Cover page (Form	No. 30-A	<b>.</b> ).										
Total prior amount \$ 0.0	0											
Total received this period \$	000,0	0	_ (To Fo	orm No	.31-A-:	2)						
Total payments this period \$	0.	00	(	To Form	1 No. 3	1-B)						
Total Outstanding Balance \$	1000.	00	(	To For	n No. 3	30-A)						