Statement of Loans Received

Page	i

				Prescrib	ed by Sec	eretary of	State 3/05				
Full Name of Committee Friends of Cortez Bogar	ď					-			•		······································
From Whom Received Cortez Lee Bogard							Prior Amount \$0.00			Amt. Incurred this Period \$39,024.00	
Address 379 W. 4th Ave										Outstanding Balance \$39,024.00	
City Columbus	St atc OH	Ζῷ Cαd 43201		Loans Received This Period Date Amount					Date	This Period	
Date Loan was originally Incurred	м 0 2	0 3	1 2	м 0 2	0 3	1 2	\$ \$39,024.00	M	D	Y	\$ \$0.00
egistration Number, if PAC			-	M	D	Y		М	D	Y	
imployer/Occupation/Labor Organiz Bogard Insurance & Financial				M	D	Ÿ		М	D	Y	
From Whom Received Cortez Lee Bogard						Prior Amount \$0.00			Amt. Incurred this Period \$11,500.00		
Address 379 W. 4th Ave									Outstanding Balance \$11,500.00		
ity Columbus	Si ate OH	Zip Cod 43201		Loans Received This Period Date Amount				Payments This Period Date Amount			
oate Loan was originally Incurred	0 . 5	2 2	1 2	м 0 2	2 2	1 2	s \$11,500.00	М	D	Y	\$ \$0.00
egistration Number, if PAC	•			M	D	Y		М	D	Y	
mployer/Occupation/Labor Organiz Bogard Insurance & Financial		,		M	D	Y		М	D	Y	
rom Whom Received		-				-		Prior Ar	nouni	•	Amt. Incurred this Period
ddress											Outstanding Balance
lity	St ate OH	Zip Code	:	Loans Received This Perio Date			ed This Period	Payments Date			This Period Amount
ate Loan was	M	D	Y	М	D	Y	5	M	D	Y	S
riginally Incurred egistration Number, if PAC	1	L	.L	М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		М	D	 Y	
Required for contributions from the individual's business, if any, labor organization of which the	rather than en employees are	nployer si : member	ould be list, if any, m	sted. If tw rust also	wo or mo appear.	R.C. 35	oyees contribute via p 17.10(B)(4)]	рауто‼ dec	fuction ar	nd excee	d the aggregate of \$100, t
a loan is forgiven, write "Fo											he 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 \$\$0.				
Total received this period \$	\$50,524.00	(To Form No. 31-A-2)		
Total payments this period \$ _	\$0.00	(To Form No. 31-B)		
⁴ Total Outstanding Balance S _	\$50,524.00	(To Form No. 30-A)		
⁴ Total Outstanding Balance S _	\$50,524.00	(To Form No. 30-		