Statement of Loans Received

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Page		

				Prescrib	ea by Sec	retary o	of State 3/05					
Full Name of Committee CITIZENS FOR TOM B	BAKER		-									
From Whom Received TOM BAKER								Prior Amount \$2,451.80			Amt. Incurred this Period \$0.00	
Address 4893 BRIXSTON DRIVE											Outstanding Balance \$0.00	
City HILLIARD	St ate OH	Zip Code 43026		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred	м 0 2	D 2 8	1 3	М	D	Y	S	М	D	Ÿ	S	
Registration Number, if PAC		l		М	D	Y		M	D	Y		
Employer/Occupation/Labor Organi	zation*			М	D	Y	<u> </u>	M	D	Y		
From Whom Received					<u></u>	<u>. </u>	<u> </u>	Prior Ar	nount	1	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 originally Incurred	М	D	Y	М	D	Y	S	M	D	Y	\$	
Registration Number, if PAC		1	. 	М	D	Y		М	D	Y		
Employer Occupation/Labor Organization*			М	D	Y		М	D	Y			
From Whom Received						<u> </u>		Prior An	nount		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	M	D	Y	M	D	Y	\$	М	D	Y	\$	
originally Incurred Registration Number, if PAC		L	<u></u>	М	D _i	Y		М	D	Y		
Finployer Occupation/Labor Organization*			М	D	Y		M	D	Y			
* Required for contributions from the individual's business, if any labor organization of which the	r, rather than en	nployer sl	ould be lis	sted. If to	wo or m	ore emp	oloyees contribute via					

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 \$\$2,4	451.80	_
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$0.00 FOR	RGIVEN(To Form No. 30-A)