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## **Statement of Loans Received**

				Pr	escribed t	у Ѕест	etary (	of State3/05							
Full Name of Committee CITIZENS FOR MAR	K NC	BLE				<u> </u>					<u> </u>				
From Whom Received	4110	<u> </u>							Ртіс	or An	ount		_	Amt, Incurred this Period	
MARK NOBLE												0.0	00	500.00	
Address 723 SPRINGS DRIVE														Outstanding Balance 0.00	
City	State	Zip Coo		Los	ns Recei	ved Thi	is Per	ind	Т			Pa	- aym	ents This Period	
COLUMBUS	OH	OH43214 Date Amount						Amount		Date				Amount	
Date Loan was originally	$M_{\alpha}$	D	Y	M	D	Y	S	<b>500.0</b>	M	1	D	Y		\$	
Incurred	0 2	2   5	1 1		2 5		1	500.00	_	-	0   5		1	500.00	
Registration Number, if PAC				M	D	Y 			М	l	D	Y			
Employer/Occupation/Labor Organization				M	D	Y	_		М	<del>i                                     </del>	D	Y	_		
ECOT/SOFTWARE EN	<b>VGIN</b>	EER													
From Whom Received							r Am	оипт			Amt. Incurred this Period				
Address					<u> </u>									Outstanding Balance	
City State Zip Code					Loans Received This Period					Payments This Period					
					Date			Amount	Date					Amount	
Date Loan was originally	M	D	Y	M	D	Y	\$		М		D	Y		\$	
Incurred		$\bot$			<u> </u>		_		↓_	<u> </u>			_		
Registration Number, if PAC				Mi	D	Y	1		М		D	Y			
Employer/Occupation/Labor Organization*				М	D	Y	ı		М		D	Y			
From Whom Received						ŀ			Prio	г Am	ount		_	Amt. Incurred this Period	
Address	<del>_</del>								-					Outstanding Balance	
					_			_							
City	State	Zip Cod	e	Loa	Loans Received This Period  Date Amount						Dat		ym	ents This Period Amount	
Date Loan was originally	М	D	Y	Μį	D	Y	\$	<u> </u>	М		D	Y	_	\$	
Incurred									1						
Registration Number, if PAC				М	D	Y			М		D	Y			
Employer/Occupation/Labor Organization*				M	D	Y	-		М		D	Y			
										-					
* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the	d. If two o ppear. R.C	rmore em	ployees de (B)(4)	onate via p	ayroll dec	luction ;	and ex	sceed the aggregate of \$1	00, the	labo	r organiz	ation o	fwł	nich	
Transfer total of all payments made in this															
1 Total prior amount \$			0.00												

1	Total prior amount \$	0.00
2	Total received this period \$	500.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	500.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	(To Form No. 30-A)