



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Citizens for Cotner					
From Whom Received Barth Cotner				Prior Amount 10,390.00	Amt. Incurred this Period 13850.00
Street Address 1862 Drugan Court				Outstanding Balance 24,240.00	
City Reynoldsburg	State OH	Zip Code 43068	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 03/22/2009		Date of Loan (MM/DD/YYYY) 06/14/2019	Amount 11000.00	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY) 07/23/2019	Amount 1350.00	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization* Cotner Funeral Home		Date of Loan (MM/DD/YYYY) 08/20/2019	Amount 1500.00	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received Barth Cotner				Prior Amount 24240.00	Amt. Incurred this Period 9500.00
Street Address 1862 Drugan Court				Outstanding Balance 33,740.00	
City Reynoldsburg	State OH	Zip Code 43068	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 03/22/2009		Date of Loan (MM/DD/YYYY) 08/26/2019	Amount 1500.00	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY) 09/20/2019	Amount 8000.00	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization* Cotner Funeral Home		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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 \$ 10390.00

Total Received This Period \$ 23350.00

(also record on Form 31-A-2)

Total Payments Received this Period \$ _____

(also record on Form 31-B)

Total Outstanding Balance \$ 33,740.00

(also record on Form 30-A)