

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Cotner For Council													
From Whom Received Barth Cotner								Prior Amount 0.00		Amt. Incurred this Period 2,000.00			
Address 1439 Jackson Ave										Outstanding Balance 7,000.00			
City Reynoldsburg		State OH	Zip Code 43068	Loans Received This Period				Payments This Period					
				Date		Amount		Date		Amount			
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$		
		3	2	3	10		2000						
Registration Number, if PAC				M		D		Y		M		D	
										Y			
Employer/Occupation/Labor Organization*				M		D		Y		M		D	
Funeral Director/Cotner Funeral Home										Y			
From Whom Received								Prior Amount 0.00		Amt. Incurred this Period 0.00			
Address										Outstanding Balance 0.00			
City		State	Zip Code	Loans Received This Period				Payments This Period					
				Date		Amount		Date		Amount			
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$		
							0						
Registration Number, if PAC				M		D		Y		M		D	
										Y			
Employer/Occupation/Labor Organization*				M		D		Y		M		D	
										Y			
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State	Zip Code	Loans Received This Period				Payments This Period					
				Date		Amount		Date		Amount			
Date Loan was originally Incurred		M	D	Y	M		D		Y		\$		
Registration Number, if PAC				M		D		Y		M		D	
										Y			
Employer/Occupation/Labor Organization*				M		D		Y		M		D	
										Y			

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 5,000.00
- 2 Total received this period \$ 2,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 7,000.00 (To Form No. 30-A)