2 Total received this period \$

3 Total Payments this Period \$

4 Total Outstanding Balance \$

	1
Page	1

Statement of Loans Received

Prescribed by Secretary of State3/05															
Full Name of Committee	.,						***********			Normalismo de la companya de la comp	20mg (comm				
Hummer for Judge Committee Trom Whom Received Prior Amount Amt. Incurred this Period													Amt, Incurred this Period		
From Whom Received							Prior	Am		51.90	0.00				
Mark Hummer								_	718.38K	5,40	31.90				
Address 1795 Edgemont Rd.														Outstanding Balance 5,461.90	
City	State	Zip Code	9	Los	ns Recei	ved Thi	s Peri	od			Payments This Period				
Columbus	OH	4321			Date				Amount			Date	Amount		
Date Loan was originally	M	D	ΙΥ	M	D	Y	S			М		D	Y	\$	
Incurred	1 0	1 5													
Registration Number, if PAC				М	D	Y				M		D	Y		
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y		
From Whom Received								Prior	Am	Amt. Incurred this Period					
Address												Outstanding Balance			
City	State	Zip Cod	e	Loans Received This Period Date Amount						Paym Date				ents This Period Amount	
Date Loan was originally	M	D	ΙΥ	М	D	Y	\$			М		D	Y	\$	
Incurred	141		-												
Registration Number, if PAC M D Y									М		D	Y			
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y		
From Whom Received									Prior	Prior Amount Amt. Incurred this Period					
Address														Outstanding Balance	
City	State	Zip Cod	e	Loans Received This Period Date Amount						Payments This Period Date Amount					
Date Loan was originally Incurred	М	D 	Y	М	D	Y	\$			М		D	Y	\$	
Registration Number, if PAC	L	1	<u> </u>	М	D	Y			,	М		D	Y		
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y		
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this p	l. If two opear. R.C	ormore em C. 3517.10 ding Bala the Staten	ployees d 0(B)(4) nce" spac nent of Ex	onate via e. Transfe	payroll de	duction	and ex	xceed ved th	the aggregate of S	\$100, the	labo	or organiz	ation of v	No. 31-A-2).	
1 Total prior amount \$		5,4	<u>61.90</u>	_											

0.00 (To Form No. 31-A-2)

5,461.90 (To Form No. 30-A)

0.00 (also record on Form 31-B)