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Statement of Loans Received

Prescribed by Secretary of State3/05

					scribed b											
Full Name of Committee										•				•		
Ebner for Judge																
From Whom Received										Prior	Λm	ount		Amt. Inc	urred this Period	
Cynthia Ebner										100.00			00.00		0.0	00
Address														Outstand	ing Balance	$\overline{}$
405 S. Merkle Road									i					ľ	100.0	00
City	State	Zip Code	;	Loa	ns Receiv	ed Th	is P	'eriod					Pavm	ents This		
Columbus	OH 43209			Date Amount						Date				Amount		
Date Loan was originally	М	D	Y	М	D	Y		\$		М		D	Y	\$		
Incurred	0 3	019	1 5	0 3	019	11	5		100		j			Į.		
Registration Number, if PAC				М	D	Y				M		D	Y			
				1	ll	- 1						- 1		l		
Employer/Occupation/Labor Organization*				М	D	Y				M		D	Y			
					1		1	İ				1	1			
From Whom Received					<u> </u>	<u> </u>				Prior	Am	ount		Amt. Inc	arred this Period	
Cynthia Ebner										4,000.00				0.00		
Address													F.V. 20	Outstand	ing Balance	
405 S. Merkle Road														ſ	4,000.0	00
City	State	Zip Code	:	Loa	ns Receiv	ed Th	its P	eriod		Payments This Period						
Columbus	ОН	43209	9		Date				Amount	Date Amount						
Date Loan was originally	M	D	Y	М	Ð	Y		\$		M		D	Y	s		
Incurred	0 4	017	1 5	$0 \mid 4$	017	1	5		4000							
Registration Number, if PAC			: -	М	D	Y				М		Ď	Y			
					1					i						
Employer/Occupation/Labor Organization*				M	D	Y				М		D	Y			
					- 1					ŀ			1			
From Whom Received	•									Prior	Am	ount		Amt. Inc	arred this Period	
Cynthia Ebner											20,00	00.00		0.0	00	
Address														Outstand	ing Balance	
405 S. Merkle Road															5,000.	00
City	State	Zip Code	3	Loa	ns Receiv	ed Ti	is P	criod					Paym	ents This	Period	
Columbus O H 43209				Date Amount					Date Amount							
Date Loan was originally	M	Ð	Y	M	D	Y		\$		М		D	Y	\$		
Incurred	1 0	0 8	1 5	1 0	0 8	1	5		20000	1	2	1 0	1 5		15,000	.00
Registration Number, if PAC				M	D	Y				M		D	Y			
İ													1	1		
Employer/Occupation/Labor Organization*				M	D	Y				М		D	Y			
										-		1				
* Required for contributions over \$100 to st	atewide a	nd genera	l assembly	candidate	es If cont	ributo	rice	elf-empk	oved occupation and	l the n	ame	of the inc	livídnaľe l	business		

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 (Fo	orm No. 3	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 (F	om No	30-A)

1	Total prior amount \$	24,100.00
2	Total received this period \$	0.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	15,000.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	9,100.00 (To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's busines if any, rather than employer should be listed. If two ormore 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)