## **Statement of Loans Received**

Page \_\_\_\_

Prescribed by Secretary of State 3/05

Full Name of Committee											
Committee to Elect Bill Tod	ld										
From Whom Received							Prior Am			Amt. Incurred this Period	
Bill Todd								\$5,025.00		\$0.00	
Address										Outstanding Balance	
41 South High Street, Suite 2600										\$5,025.00	
City	St ate	Zip Code	l	Loans Received This Period			Payments This Period				
Columbus	OH	43215	Г	ate		Amount	İ	Date		Amount	
	M	D Y	M	D	Y	\$	M	D	Y	\$	
Date Loan was	0 2	2 8 0 7				1					
originally Incurred		lili	М	D	Y		M	D	Y		
Registration Number, if PAC			M	ויי	1		1 171				
Employer/Occupation/Labor Organization*			M	D	Y		М	D	Y		
From Whom Received							Prior Am	ount	,	Amt. Incurred this Period	
							ł				
Address			<del> </del>			<del>,</del>				Outstanding Balance	
Audicas											
						<del></del>					
City	St ate	Zip Code	i .	Loans	Receiv	ed This Period		P	ayments '	This Period	
	OH		Ι	Date		Amount		Date		Amount	
	M	D Y	М	D	Y	S	M	D	Y	\$	
Date Loan was								1			
originally Incurred Registration Number, if PAC	L!	LL	M	D	<u>Y</u>		М	D	Y		
Registration Number, it FAC			1 "		. 1						
				ļ. <u>.</u>				<del> </del>	1		
Employer/Occupation/Labor Organization	1.*		M	D	Y		М	D	Y		
								1			
From Whom Received							Prior Am	ount		Amt. Incurred this Period	
							1				
Address										Outstanding Balance	
, redivisi											
X		Zi- Codo					-			<u> </u>	
City St ate Zip Code				Loans Received This Period				Payments This Period			
	OH			Date		Amount		Date	T	Amount	
	M	D Y	М	D	Y	\$	М	D	Y	2	
Date Loan was						1					
originally Incurred	<u> </u>	<u> </u>	M	D	Y		M	D	Y		
Registration Number, if PAC			1 171	1	•	1				ŀ	
				4		<b></b>	1	<del> </del> _	<del> </del>		
Employer/Occupation/Labor Organization*			M	D	Y		М	D	Y		
* Required for contributions from inc	dividuals o	over \$100 to statewi	de and g	eneral as	sembly	candidates. If contribu	itor is self	employe	d, the oc	cupation and the name of	

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).

<sup>1</sup> Total prior amount \$\$5,025.00					
\$0.00	(To Form No. 31-A-2)				
\$0.00	(To Form No. 31-B)				
\$5,025.00	(To Form No. 30-A)				
	\$0.00 \$0.00				

<sup>\*</sup> 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)]