R.C. 3517.10

## **Statement of Loans Received**

			Prescri	ibed by Sec	rctary of	State 3/05					
Full Name of Committee Committee To Elect Judge	e Maynar	d									
From Whom Received William Dwayne Maynard								Prior Amount \$11,570.00			Amt. Incurred this Period \$0.00
Address 7903 Wiltshire Court										¥	Outstanding Balance \$11,570.00
City Dublin	St, ate OH	Zip Code 43016	Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred Registration Number, if PAC	0 3	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	M	D	Y	S		M M	D	Y	S
Employer/Occupation/Labor Organizati	on*		M	D	Y			M	D	Y	
From Whom Received			<u> </u>	1 :		•		Prior Am	ount	'	Amt. Incurred this Period
Address								and the	•	ar ≻ e Care	Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred Registration Number, if PAC	M	D Y	M	D     D	Y	S		M	D	Y	S
Employer.Occupation/l.abor Organization*			M	D.	Y			M	D	Y	
From Whom Received			1	, ,	י ו			Prior Am	iount	<u>!</u> - '	Amt. Incurred this Period
Address										de la companya de la	Outstanding Balance
City	St ate OH	Zip Code		Loan Date	ıs Receiv	ed This Peri	iod Amount		Date	Payments	This Period Amount
Date Loan was originally Incurred	M	D Y	M	D	Y	S		M M	D	Y	\$
Registration Number, if PAC					"					T	
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y 	
* Required for contributions from it the individual's business, if any, ra-	ther than en	nployer should be lis	sted. If	two or m	ore emp	loyees cont	ribute via pa				

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 \$ \$11		
<sup>2</sup> Total received this period S	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance S _	\$11,570.00	(To Form No. 30-A)

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]