3	1-	C		
F	l.C.	351	7.1	0

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Cotner For Council									
From Whom Received						Daine An			Amt. Incurred this Period
Barth Cotner						Prior An	500.00		\$1,500.00
Address 1862 Drugan Court									Outstanding Balance \$10,000.00
City State Zip Code OH 43068		_	Loans Received This Period Date Amount		Payments This Period Date Amount				
Oate Loan was	м 0 3	D Y 2 2 0 9	м 0 3	D Y 3 0 1 7	\$ \$1,500.00	М	D	Y	\$
legistration Number, if PAC	1 1	<u> </u>	М	D Y		M	D	Y	
mployer/Occupation/Labor Organiza Funeral Director	ition*		М	D Y		М	D	Y	
rom Whom Received				<u> </u>	<u> </u>	Prior Ar	nount	1	Amt. Incurred this Period
Address									Outstanding Balance
City	St ate OH	Zip Code		Loans Receiv	ed This Period Amount		l Date	Payments	This Period Amount
Date Loan was Designably Incurred Legistration Number, if PAC	М	D Y	M	D Y	\$	M	D	Y	S
Employer/Occupation/Labor Organiza	ution*		M	D Y		M	D	Y	
From Whom Received					<u> </u>	Prior Ar	nount	***************************************	Amt. Incurred this Period
Address									Outstanding Balance
City	St atc OH	Zip Code		Loans Receiv	red This Period Amount		Payments T		This Period Amount
Date Loan was originally Incurred tegistration Number, if PAC	M	D Y	M	D Y	\$	M	D	Y	S
Employer/Occupation/Labor Organiza	ation*		M	D Y		M	D	Y	
Required for contributions from the individual's business, if any, labor organization of which the	rather than e	mployer should be li	isted. If t	wo or more emp	oloyees contribute via				
Fa loan is forgiven, write "Foncome (Form No. 31-A-2). To alance to the Cover page (Fo	ransfer total	of all payments n							
Total prior amount \$\$8	3,500.00								
Total received this period \$_	\$1,500	0.00	_ (To F	orm No. 31-A	-2)				
Total payments this period \$	\$0.0	00	(To Form No. 3	31-B)				
Total Outstanding Balance \$	\$10	,000.00		(To Form No.	30-A)				