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## **Statement of Loans Received**

Prescribed by Secretary of State 2/01

Full Name of Committee									<del></del>			
Glaeden for Judge From Whom Received								Prior Ar	nount		Amt. Incurred this Period	
Carrie E. Glaeden						•		•	,000.	Ω	0.00	
Address								ŲΨ	,000.	00	Outstanding Balance	
5142 Highland Meado	ws D	rive									\$4,000.00	
City	Stat	e Zip Code	Г									
Hilliard	OH	43026		La Date	ans Rec	eive	d This Period Amount	l	Date	Payment	ts This Period Amount	
	М	D Y	М	D	Y		\$	М	D	Y	s	
	1 0	2 80 3				ı	0.00				0.00	
Registration Number, if PAC		15, 0,0,0	М	D	Y		0.00	М	D	TY	1 0.00	
·						١						
Employer/Occupation/Labor Organization			М	D	Y	1	4	М	D	Y		
		,									ľ	
From Whom Received								Prior Ar	nount		Amt. Incurred this Period	
<u></u>		· · · · · · · · · · · · · · · · · · ·										
Address											Outstanding Balance	
Cit.		Ta: a l										
City	State	Zip Code	İ	Loans Received This Period				Payments This Period				
	M	1 7 7	14	Date	1 57		Amount	- <del></del>	Date	1 - 2	Amount	
	. IVI		М	11	Y	ŀ	·	М	D	Y	S	
Registration Number, if PAC			М	D	Y	ı		М	D	Y		
E-male various floor and a company of the company o						4				1.].		
Employer/Occupation/Labor Organization			М	D	1	ı		М	D	Y		
From Whom Received			ш					Prior An			Amt. Incurred this Period	
Trom Whom Addition								rnoi Ali	ioun.		Aim. incurred this reriod	
Address			-				<del></del>				Outstanding Balance	
											o and and a second	
City	St ate	Zip Code				_						
				Lo: Date	ans Reco	ived	This Period Amount		Date	Payments	s This Period Amount	
	М	D Y	М	D	Y	1		М	Date	Y	\$	
Date Loan var we man a comment of the comment of th						1						
Registration Number, if PAC		<del></del>	М	D	Y	┨		М	D	Y		
						1						
Employer/Occupation/Labor Organization			М	D	Y	+		M	D	Y		
						1						
									<del></del>	-11		

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 \$ 4,00	0.00	
<sup>2</sup> Total received this period \$	0.00	_ (To Form No. 31-A-2)
Total payments this period \$	0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	4,000.00	(To Form No. 30-A)