

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee MARK KOOGLER FOR CITY COUNCIL COMMITTEE																	
From Whom Received MARK KOOGLER								Prior Amount		Amt. Incurred this Period							
Address 4618 LYME COURT										Outstanding Balance							
City DUBLIN		State OH		Zip Code 43016		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation/Labor Organization*		M		D		Y				M		D		Y			

From Whom Received								Prior Amount		Amt. Incurred this Period							
Address										Outstanding Balance							
City		State		Zip Code		Loans Received This Period				Payments This Period							
		OH				Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation/Labor Organization*		M		D		Y				M		D		Y			

From Whom Received								Prior Amount		Amt. Incurred this Period							
Address										Outstanding Balance							
City		State		Zip Code		Loans Received This Period				Payments This Period							
		OH				Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC		M		D		Y				M		D		Y			
Employer Occupation/Labor Organization*		M		D		Y				M		D		Y			

* 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)]

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).

¹ Total prior amount \$ \$0.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$0.00 (To Form No. 30-A)