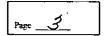
Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee			-					
Ronald D Ball for Prairie 1	Township	Trustee						
From Whom Received Ronald D Ball								Amt. Incurred this Period \$1,798.95
Address 6750 Alkire Rd								Outstanding Balance \$1,798.95
City Galloway	St atte	Zip Code 43119	Lossus Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred	0 9	1 1 1 3	M D D 1	1 1 3	\$ \$596.97	M D	Y	\$0.00
Registration Number, if PAC			0 9 1	8 1 3	\$604.65	M D	Y	\$0.00
Employer/Occupation/Labor Organization*			м 0 9 2	0 1 3	\$337.33	M D	Y	\$0.00
From Whom Received Ronald D Ball				Prior Amount Am		Amt, Incurred this Period		
Address 6750 Alkire Rd								Outstanding Balance
City Galloway	St atte OH	Zip Code 43119	Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred	0 9	1 1 1 3	м D 0 9 2	3 1 3	\$ \$337.33	M D	Y	\$0.00
Registration Number, if PAC	1		M D	Y		M D	Y	
Employer/Occupation/Labor Organization	on *		M D	Y		M D	Y	
From Whom Received		•				Prior Amount		Amt. Incurred this Period
Address								Outstanding Balance
City	State	Zip Code	Le Date	Loans Received This Period Date Amount		Payments This Period Date Am		This Period Amount
Date Loan was	M	D Y	M D	Y	s	M D	Y	s
Registration Number, if PAC	_1		M D	Y		M D	Y	
Employer/Occupation/Labor Organization*			M D	Y		M D	Y	
Remired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation 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).

Total prior amount \$\$0.		
² Total received this period \$	\$1,798.95	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$1,798.95	(To Form No. 30-A)

^{*} 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)]