## Statement of Loans Received

Prescribed by Secretary of State3/05									
Full Name of Committee RUTHETEFORD FOR WA	RD .	3 C	)4NC	214					
RUTHERFORD FOR WARD 3 COUNCIL From Whom Received RICHARD C. RUTHERFORD						iount 3 4	1	Amt. Incurred this Period	
Address 1933 IRI'S CT								Outstanding Balance 9	
City State Zip Code  CROVE CITY OH 431Z  Date Loan was originally M D Y  Incurred O 7 1 4 0 9	Lo 5	Loans Received This Period  Date Amount				Payments This Period Date Amount			
Date Loan was originally M D Y Incurred 07/60	) M	D	Y	5/6748	М	D	Y	NONE	
Registration Number, if PAC	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*	М	D	Y		М	D	Y		
From Whom Received  RICHARD C. RUTHER FORD						nount o	9	Amt. Incurred this Period	
Address 1933 IRÍS CT.								Outstanding Balance	
Address    933 IRIS CT.   City   State   Zip Code     City   City	Lo	Loans Received This Period  Date Amount				Payments This Period  Date Amount			
Date Loan was originally M D Y Incurred OS 17 OS	M	D	Y	121100	M	D	Y	NUNE	
Registration Number, if PAC	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*	М	D	Y		М	D	Y		
From Whom Received  RICHARD C. RUTHER FURD						Prior Amount 69 Amt. Incurred this Period 45			
								Outstanding Balance	
1933	Lo	Loans Received This Period Date Amount				Payments This Period Date Amount			
Incurred 062909	) M	D	Y	\$ 4500	JZ	D / O	09	\$ 1517 09	
Registration Number, if PAC	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*	М	D	Y		М	D	Y		
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).									
1 Total prior amount \$	)_								

1	Total prior amount \$	- <i>O</i> - 0:00	,
2	Total received this period \$	1517.2	0-00 (To Form No. 31-A-2)
3	Total Payments this Period \$	1517 7	0-00 (also record on Form 31-E
4	Total Outstanding Balance \$	- 0 -	0.00 (To Form No. 30-A)