## Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Committee											
Acker for Judge											
From William Received								Prior An	noun:		Anit. Incurred this Period
											\$3,000.00
Alan S. Acker		<del></del>							;	:::::::::::::::::::::::::::::::::::::::	Outstanding Balance
											\$3,000.00
1081 Arcaro Court	State	Zip Code								:	φ3 <sub>1</sub> 000.00
City					Lon	ns Receiv	ed This Period	Payments This Period			
Gahanna	OH	4323			Date Amoun				Date	Amount	
Date Loan was	М	D	Y	М	D	Y	\$*	М	"	Y	*
originally Incurred	0.5	2.4	10			1			1	1	
Registration Number, if PAC					D	Υ.		M	D	Y	
				1		} .	ì	1		1	
Employer/Occupation/Labor Organiza	stion*			M	D	Y	1	М	G	Y	
						'	1				
Judge From Whom Received				<del></del>				Prior An	nouni	-1	Amt Incurred this Period
Total Trouble Horostop											
Address	<del>-,</del>	·····	<del></del>	····		<del> </del>			of the species	very silv	Outstanding Balance
vuoress									ies e i		
							<del>,</del>				<u> </u>
City	State	Strate Zip Code			Louns Received This Period			Payments This Period			This Period
			(		Date		Amount	<del></del>	Date	1 30	Amount
Date Loan was	M	D	γ.	M	D	Υ.	13	М	D	Y	5
originally Incurred	İ		,				ļ			1 :	
tegistration Number, if PAC		<del></del>	<del> </del>	М	D	Y		М	D	Y,	
				-		1			Į.		[
Employer/Occupation/Labor Organization*				М	D			М	D	Y	-
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From Whom Received			<del></del>				<u> </u>	['rior An	nount		Amt Incurred this Period
TOTAL RECOVERS											
Address								100	100		Outstanding Balance
Made 48											
Tina	State	Zip Code	·····	~				and the second	in Single		
City	Ji ale	Zip Cone		1	Loans Received This Period			Payments This Period			
					Date	f 31	Amount		Date	T Y	Amount C
Date Loan was	M	D	Υ	М	D	Y.	1	N1	'	'	ľ
originally Incurred				1 :		-			i		ļ
Registration Number, if PAC		J	J	М	D	Υ		M	D	Y	
				1			1			Ì	
Employer/Occupation/Labor Organiza	alion*			M	D	Y <sub>i</sub>		M	D	Y	
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Required for contributions from	5 10 2 2 3 1 To 1	E100		1 1 -	<u> </u>			utar is salf	[ complex	nd the ev	curation and the name o
Required for contributions from the individual's business, if any,	niber iban er	iver a juu nalaver sh	to statew: ioxild be l	iae ana g isted If t	enerar a wo or m	ore emo	lovees contribute via	navrali dec	fuction a	nd exceed	the aggregate of \$100. t
labor organization of which the	employees are	members	i if any, r	nust also	appear	[R C 3:	517 10(B)(4)]	,,w,,,			
•											
l a loan is forgiven, write "Fe	orgiven" in t	he "Outs	landing.	Balance	" space	Trans	fer total of all loans	received	this per	iod to th	e Statement of Other
icome (Form No 31-A-2) Ti			mients n	nade in t	this per	iod to D	ne Statement of Exp	penditures	(Form	No.31-E	<ol> <li>Fransfer Outstandi</li> </ol>
alance to the Cover page (Fo	orm No. 30-,	Λ).									
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Total prior amount \$	·U-		w wh'-								
Total received this period \$_	3,000.00	)		_ (To Fo	огт Мо	.31-A-	2)				
Total payments this period \$	_0-			(	To Fon	n No. 3	1-B)				
-											
Total Outstanding Balance \$	3,000.0	0			(To For	m No.	30-A)				
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