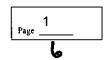
Statement of Loans Received



Prescribed by Secretary of State 3/0:

			Treserved by bevietary at bland broad		
Fuli Name of Committee					·
Burgess, Davis, and Sodt	or ROF				
From Whom Received				Prior Amount	Amt. Incurred this Period
James Burgess				\$2,500.00	\$100.00
Address					Outstanding Balance
174 Barcelona Ave					\$2,600.00
City	St ate	Zip Code			
Westerville	OH	43081	Loans Received This Period Date Amount	Payments Date	This Period Amount
	M	D Y	M D Y S	M D Y	S
Date Loan was originally Incurred	0 9	2 8 1 3	1 0 2 6 1 3 \$100.00		
Registration Number, if PAC		<u> </u>	M D Yi	M D Yi	
Employer/Occupation/Labor Organizatio	n*		M D Yi	M. D. Y.	
From Whom Received			• • • • • • • • • • • • • • • • • • •	Prior Amount	Amt, Incurred this Period
Jean Burgess					\$100.00
Address				229 g 23	Outstanding Balance
174 Barcelona Ave				4.4	\$100.00
City	St ate	Zip Code			
Westerville	OH	43081	Loans Received This Period Date Amount	Payments Date	This Period Amount
	M -	D _i Y _i	M D Y \$	M D Y	S
Date Loan was	1 0	2 6 1 3	1 0 2 6 1 3 \$100.00	1	
originally Incurred Registration Number, if PAC	! !		M D YI	M D Y	
Registration Number, 11 1745			l "i i l		1
	_				ļ
Employer/Occupation/Labor Organizatio	π*		M D Y	M D Y	
From Whom Received				Prior Amount	Amt, Incurred this Period
Jim Burgess					\$300.00
Address					Outstanding Balance
4930 Honeysuckle Blvd				4.2	\$300.00
City	St ate	Zip Code			
Columbus	ОН	43230	Loans Received This Period Date Amount	Payments Date	This Period Amount
N. 4. 4	, M ₁ ,	D Y	M D Y S	M D Y	S
Date Loan was originally Incurred	1 0	2 6 1 3	1 0 2 6 1 3 \$300.00		
Registration Number, if PAC	<u> </u>	1 ! ! !	M D Y	M D Y	
,					
Employer/Occupation/Labor Organization*			M D Y	M D Y	†
* Required for contributions from in	dividuals o	over \$100 to statewic	le and general assembly candidates. If contribu	tor is self-employed, the oc	cupation 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 \$\$2,		
² Total received this period \$	\$500.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$3,000.00	(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)]