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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee																	·	
Ebner for Judge																		
From Whom Received		-									Prio	r Am	ount		-		Amt. Incurred this Period	l
Cynthia Ebner								100.00				00		0.00				
Address										100.00					Outstanding Balance	0.00		
405 S. Merkle Road																		0.00
City State Zip Code Loans Received This Period									Payments This Period									
Columbus	0	$H _4$	43209	9		Date				Amount		Date			-,-	Amount		
Date Loan was originally	М	T	D	Y	М	D	Y		S		М		D		Y		s	
Incurred	0	3	0 9	1 5	0 3	0 9	1	5		100	0	2	0	5	1	6	10	00.00
Registration Number, if PAC			•		М	D	Y				М		D		Y			
Employer/Occupation/Labor Organization*					М	D	Y				М		D		Y			
From Whom Received											Prio	r Am	ount				Amt. Incurred this Period	i
Cynthia Ebner											4,000.00				0.00	00		0.00
Address				•			•										Outstanding Balance	
405 S. Merkle Road																		0.00
City State Zip Code Loans Received This Period								Т	Payments This Period									
Columbus								Amount	Date Amount									
Date Loan was originally	М	Т	D	Y	М	D	Y		\$		М		D		Y		\$	
Incurred	0	4	0 7	1 5	$0 \mid 4$	0 7	1	5		4000	0 (2	0	5	1	6	4,00	00.00
gistration Number, if PAC					М	D	Y				М		D		Y			
Employer/Occupation/Labor Organization*					М	D	Y				М		D		Y			
From Whom Received						· · · · · · · · · · · · · · · · · · ·	·•				Prio	r Am	ount				Amt. Incurred this Period	l
Cynthia Ebner						5,000.00				0.00	00		0.00					
Address Outstanding Balance																		
405 S. Merkle Road																		0.00
City	Stat	e 2	ip Code	;	Lo	ans Recei	ved Th	is P	eriod	***************************************	Т				P	tym	ents This Period	
Columbus	0	$H _4$	13209	9		Date				Amount			I)ate	:		Amount	
Date Loan was originally	М	1	D	Y	М	D	Y		\$	•	М		D		Y		s	
Incurred	1	0	0 8	1 5	$1 \mid 0$	0 8	1	5		20000	1	2	1	0	1	5	15,00	00.00
Registration Number, if PAC					М	D	Y				м 0	1	D 1	8	1	6	500	00.00
Employer/Occupation/Labor Organization*					М	D	Y				М	-	D		Y	-		
* Required for contributions over \$100 to st							. 7		161		. 1 41		6.1					

If a loan is forgiven, write "Forgiven" in the "C	Outstanding Balance" space.	Transfer total of all loans	s received this period to the S	Statement of Other Income	(Form No. 31-A-2)
Transfer total of all payments made in this per	iod to the Statement of Expe	nditures (Form No. 31-B). Transfer Total Outstanding	g Balance to the cover page	(Form No. 30-A).

1	Total prior amount \$	4,100.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	4,100.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	0.00	(To Form No. 30-A)

^{*} 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)