3	Į-	C		
R	C	351	7.	10

Page	4

## Statement of Loans Received

					Prescribe	a by Sec	retar	y of State3/05							
Full Name of Committee														_	
The Committee To Re-	Elect	t Judg	e Mcl	Intosh	1										
From Whom Received						Pr	Prior Amount Amt. Incurred this Period								
Stephen L. McIntosh									3,00	ነብ ሰር	าก	0.0			
Address												,,,,	, O.		Outstanding Balance
799 Nob Hill															3,000.0
City	State	ZpCode		Lo	ans Receiv	ed This	Peri			_				Para	ments This Period
Gahanna	<u>H</u>	4323	0	i .	Date			Amount		Date Payt				Amount	
Date Loan was originally	М	D	Y	М	D	Y		\$		1	D		Y	1	Is
Incurred	<u> 1   0</u>	1 2	0 4	1						ł	l i				1
Registration Number, if PAC				М	D	Y	_		_ N	1	D	<u>-</u> -	Y	<u>.                                      </u>	<del></del>
														1	
Employer/Occupation/Labor Organization*			_	М	D	Y			N	1	D	i	Y	<del> </del>	<del></del>
						1 1			Į						
From Whom Received									Pri	or A	mount		_	<u> </u>	Amt. Incurred this Period
Address			_					<u>-</u>							Outstanding Balance
City	State	Zip Code		la	ans Receiv	ed This	Peni			Payments This Period					
				1	Date		- • • •	Amount		Date Amount					
Date Loan was originally incurred	М	D	Y	M	D	Y		S	- N	1	D		Ϋ́		s
Incurred fr		1 1													
Registration Number, if PAC				М	Di	Y			- N	ii	<del>       </del>	- 1	Y		<del></del>
				1 1		1 1			- 1						Í
Employer/Occupation/Labor Organization*			_	M	DI	Y			N	<u>.</u>	Di	_	Y		<del></del>
													·		
From Whom Received					<u> </u>				Pri	r Aı	nount				Ams. Incurred this Period
Address															Outstanding Balance
City	State	Zip Code		Los	ns Receiv	ed This	Perio				_			D	The Death of
	1			Loans Received This Period Date Amount				Date					nents This Period Amount		
Date Loan was originally	м	D	Y	Мі	DI	YI		\$		11	Di		Υ	_	5
Date Loan was originally			]	1 1	1 1										
Registration Number, if PAC	•	<u> </u>	<u> </u>	м	Di	Y	_		M	<del> </del>	Di	$\dashv$	Y		
						1 1				İ					
Employer/Occupation/Labor Organization*		_		М	Dj	Υİ	$\dashv$	_	M	i	bi	<del>-  </del>	Υİ	$\vdash$	
										1	-	Ì			
			_		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	_			<u> </u>	!	- !		_	
* Required for contributions over \$100 to state wide a	and gene	ral assemb	ly candidat	es. If contr	ibutor is se	lf-employ	ved, c	occupation and the name	of the individ	uais	business				

If a loan is for given, write "For given" in the "Ourstanding 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 \$	3,000.00	
2	Total received this period S	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	_ (also record on Form 31-
4	Total Outstanding Balance \$	3,000.00	_ (To Form No. 30-A)

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)