

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Kilroy for Commissioner												
From Whom Received Mary Jo Kilroy								Prior Amount 5,862.25		Amt. Incurred this Period 0.00		
Address 3100 Midgard Rd.										Outstanding Balance 5,862.25		
City Columbus		State O H		Zip Code 43202		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y		M	D	Y		\$		
1		0	1	7	9	6						
Registration Number, if PAC						M	D	Y				
Employer/Occupation/Labor Organization*						M	D	Y				
From Whom Received Handelman & Kilroy								Prior Amount 1,966.61		Amt. Incurred this Period 0.00		
Address 360 S. Grant Ave.										Outstanding Balance 1,966.61		
City Columbus		State O H		Zip Code 43215		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y		M	D	Y		\$		
1		2	3	1	9	1						
Registration Number, if PAC						M	D	Y				
Employer/Occupation/Labor Organization*						M	D	Y				
From Whom Received Robert K. Handelman								Prior Amount 278.04		Amt. Incurred this Period 0.00		
Address 360 S. Grant Ave.										Outstanding Balance 278.04		
City Columbus		State O H		Zip Code 43215		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y		M	D	Y		\$		
1		2	3	1	9	1						
Registration Number, if PAC						M	D	Y				
Employer/Occupation/Labor Organization*						M	D	Y				

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 \$ 8,106.90
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 8,106.90 (To Form No. 30-A)