

# Statement of Loans Received

Prescribed by Secretary of State 2/01

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

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