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## **Statement of Loans Received**

Prescribed by Secretary of State 2/01

Full Name of Committee										
Kilroy for Commissioner						Prior An	ount		Amt. Incurred this Period	
From Whom Received					Prior An		(0.05	0.00		
Mary Jo Kilroy					5,862.25			Outstanding Balance		
Address									5,862.25	
3100 Midgard Rd.  City State   Zip Code	τ								<del></del>	
City State Zip Code O H 43202	Loa	Loans Received This Period Date Amount			Paym Date			ents This Period Amount		
Date Loan was originally M D Y	M	D	Y	\$		M	D <sub>1</sub>	Y	\$	
Incurred 1 0 1 7 9 6		:								
Registration Number, if PAC	M	D	Y			М	D:	Y		
Employer/Occupation/Labor Organization*	М	D	Y			М	D	Y		
From Whom Received		<u></u>	<del></del>			Prior An	nount	<u> </u>	Amt. Incurred this Period	
Handelman & Kilroy							1.9	66.61	0.00	
Address									Outstanding Balance	
360 S. Grant Ave.									1,966.61	
City State Zip Code	Loa	Loans Received This Period					Payments This Period			
Columbus O H 43215	l	Date			Amount	Date			Amount	
Date Loan was originally   M   D   Y	М	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC	M	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*	М	D.	Y			М	D:	Y		
From Whom Received	4	<del></del>	<u> </u>			Prior Ar	nount	<del></del>	Amt. Incurred this Period	
Robert K. Handelman						l	2	78.04	0.00	
Address					<u> </u>				Outstanding Balance	
360 S. Grant Ave.									278.04	
City State Zip Code	Loa	ns Recei	ved This	Period					ents This Period	
Columbus O H 43215	↓	Date	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	Amount		Date		Amount	
Date Loan was originally M D Y Incurred 1 2 3 1 9 1	М	D <sub>:</sub>	Y	\$		М	D	Y	\$	
Registration Number, if PAC	M	D	Y			M	D	Υ.		
Full way Ocean ston II show Oversite ston*	M	D	Y	+		M	D .	Y		
Employer/Occupation/Labor Organization*	IVI	١.	1			171	":	1		
		1		<u> </u>			<u> </u>	1		

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)