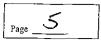
Statement of Loans Received



Prescribed by Secretary of State 3/05

| Full Name of Committee Pfeiffer for Judge | | 7, 250000, 50000 775 | | |
|--|--|--|--|---|
| From Whom Received Barbara Pfeiffer | · | | Prior Amount | Amt. Incurred this Peri |
| Address 493 Richards Road | | · | | Outstanding Balance \$431.60 |
| City Columbus | State Zip Code OH 43215 | Loans Received This Period Date Amount | Paymei Date | nts This Period |
| Date Loan/was originally lincurred | 0 9 2 5 1 1 | M D Y S | M D Y | \$ |
| Registration Number, if PAC | , | M D Y | M D Y | |
| Employer/Occupation/Labor Organiza Attorney | ation* | M D Y | M D Y | |
| From Whom Received | | | Prior Amount | Amt. Incurred this Perio |
| Address | · . , | | | Outstanding Balance |
| lity | Skate Zip Code | Loans Received This Period Date Amount | Payment Date | ts This Period Amount |
| ate Doan was niginally Incurred | M D Y | M D Y S | M D Y | \$ |
| egistration Number, if PAC | 900] \$ 1 | M D Y | M D Y | |
| nployer/Occupation/Labor Organizati | on* | M D Y | M D Y | |
| om Whom Received | | <u> </u> | Prior Amount | Amt. Incurred this Period |
| idress | | | Alexander Sylvasia | Outstanding Balance |
| y . | Skate Zip Code | Loans Received This Period Date Amount | Payments This Period Date Amount | |
| te Loan was ignally licurred | M D Y | M D Y S | M D Y | \$ |
| gistration Number, if PAC | | M D Y | M D Y | |
| ployer/Occupation/Labor Organizatio | n* | M D Y | M D Y | |
| individual's business, if any, rath | er than employer should be liste | and general assembly candidates. If contribute d. If two or more employees contribute via pay | or is self-employed, the occ yroll deduction and exceed | supation and the name of the aggregate of \$100, to |
| loan is forgiven, write "Forgi | ven" in the "Outstanding Bal sfer total of all payments mad | at also appear. [R.C. 3517.10(B)(4)] lance" space. Transfer total of all loans re le in this period to the Statement of Expen | ceived this period to the ditures (Form No. 31-B | Statement of Other). Transfer Outstandi |
| tal prior amount \$\$0.0 | 0 | | | |
| tal received this period \$ | \$431.60 (7 | Fo Form No. 31-A-2) | | |
| tal payments this period \$ | \$0.00 | _ (To Form No. 31-B) | | |
| tal Outstanding Balance S | \$431.60 | Co Form No. 30.43 | | |