

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | | |
|---|--|--------------------|--------------------------|---|---|---|---|----|-------------------------------------|-------------------------------|---|--|---|-----|
| Full Name of Committee Committee To Elect Judge Maynard | | | | | | | | | | | | | | |
| From Whom Received Franklin County Republican Party | | | | | | | | | | Prior Amount 500.00 | | Amt. Incurred this Period 0.00 | | |
| Address 7903 Wiltshire Court | | | | | | | | | | | | Outstanding Balance 0.00 | | |
| City Dublin | | State OH | Zip Code 43016 | | 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 | 2 | 7 | 0 | 5 | 0 | 3 | 1 | 0 | 0 | 7 | 500 |
| Registration Number, if PAC | | | | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | | | | | | | | | |
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address | | | | | | | | | | | | Outstanding Balance | | |
| City | | State | Zip Code | | 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 | \$ | | |
| | | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | | | | | | | | | |
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address | | | | | | | | | | | | Outstanding Balance | | |
| City | | State | Zip Code | | 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 | \$ | | |
| | | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | | | | | | | | | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more 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)

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