Page_	

## Statement of Loans Received

Prescribed by Secretary of State3/05

				Pre	escribed by	Secreta	y or Stat	.e3/03		***************************************	******************************				
Full Name of Committee	processing property of the processing of the					o garage de la companya de la compa									
Cotner For Council			enterstation and the second account		nos oversonistirani	100/6-harn-17/2/1009	-		10		***************************************		A A Yes	ad this Davied	
From Whom Received									Pn	ior Amo	ount	0.00	Amt. Inc	curred this Period	١,٥٥
Barth Cotner										\$1858\$\$\$\$		0.00		2,300	1.00
Address													Outstand	ling Balance	٠.٥٥
1439 Jackson Ave														2,300	J.UU
City	State	Zip Code		Loa	ıns Receiv	ed This	Period					Paymo	ents This	Period	
Reynoldsburg	OH	43068	;		Date			Amount			Date	)		Amount	
Date Loan was originally	M	D	Y	М	D	Y	\$		R	M	D	Y	\$		
Incurred	3	2 3	0   9	0 3	2 3	0   9		23	300						
Registration Number, if PAC	1	ر ــــــــــــــــــــــــــــــــــــ		M	D	Y				M	D	Y			
							ST S								
Employer/Occupation/Labor Organization	*			М	D	Y				M	D	Y			
Funeral Director/Cotn	er Fur	eral F	Tome						200						
From Whom Received	CI I GI	iciui i						and the state of t	Pr	rior Am	ount	***************************************	Amt. In	curred this Period	
Barth Cotner												0.00		1,200	J.00
								<u> </u>					Outstan	ding Balance	
Address														1,200	$0.00^{-1}$
1439 Jackson Ave	1 64-4-	Zip Code				1.7711	Y5. 1. 3					Pove	onte Thi		
City	1 .			Lo	ans Recei Date	ved This	Perioa	Amount	and the same of th	Payments This Period  Date Amount					
Reynoldsburg	OH		·		,	LV	I c	Amount		M	D	Y	\$		***************************************
Date Loan was originally	M	D	Y	M	D	Y	P	1′	200	141		1			
Incurred	] 3	2 3	0 9	g		0 9	<u> </u>			M	D	Y	1		
Registration Number, if PAC				М	D	Y				IVI	ו	1			
												<del>                                     </del>	1		
Employer/Occupation/Labor Organization	* _		_	М	D	Y				M	D	Y			
Funeral Director/Cotn	er Fur	neral b	lome				<u> </u>						-		
From Whom Received Prior Amount Amt. Incurred this Period															
Barth Cotner					***************************************					VIII CONTRACTOR OF THE PARTY OF			<b></b>		0.00
Address		*****											Outsta	nding Balance	0.00
1439 Jackson Ave.														1,50	0.00
City		Zip Cod		Lo	ans Recei	ved This	Period					Payn	nents Th	is Period	
Reynoldsburg	OH	[ 4306	8		Date			Amount			Da	te		Amount	
Date Loan was originally	M	D	Y	M	D	Y	\$			M	D	Y	\$		
Incurred	0 3	2 3	0 9	0 4	2 4	0 9	)	1	500						
Registration Number, if PAC	<u> </u>	1-15	•	M	D	Y	1			M	D	Y			
Employer/Occupation/Labor Organization	n*	X-1220000000		М	D	Y	$\top$			M	D	Y			
Employer Occupation Bassi Organization	-														
											- Louis and annual		arelle anno instantin		kome monogo je
* Required for contributions over \$100 to	atatai.a.	and con	al account	dy condi	lates If an	ntributor	is self-e	mnloved occurs	ation and	d the na	me of the	individus	ıl's busin	ess.	
* Required for contributions over \$100 to														•	

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. 31-2)	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 \$	0.00	
2	Total received this period \$	5,000.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	5,000.00	(To Form No. 30-A)

if any, rather than employer should be listed. If two ormore 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)