## **Statement of Loans Received**

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				Prescrib	ed by Sec	retary of	f State 3/05						
Full Name of Committee Cotner For Council													
From Whom Received Barth Cotner							Prior Am \$7,0	ount 00.00		Amt. Incurred this Period \$800.00			
Address 1862 Drugan Court									7.9			Outstanding B: \$7,800.	
City Reynoldsburg	S( ate OH	Zip Code 43068		Loans Received This Period Date Amount				Payments This Period Date Amount					
Date Loan was	0 3	2 2	0 9	0 5	0 3	1 3	s \$800.00	)	М	D	Y	S	
Registration Number, if PAC		•		M	D	Y			M	D	Y		
Employer/Occupation/Labor Organization* Funeral Director/Cotner Funeral Home				M	D	Y			М	D	Y		
From Whom Received							Prior An	ount		Amt. Incurred	this Period		
Address											1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Outstanding B	alance
City	St ate OH	Zip Code	:	ı	Loan Date	s Receiv	ved This Perio	od amount	35.3.0	Date	Payments	This Period Am	ount
Date Loan was originally Incurred	M	D	Y	М	D	Y	S		M	D	Y	\$	
Registration Number, if PAC				No. Commence	D	Y			М	D	Y		
Employer/Occupation/Labor Organization	n*			<b>N</b>	D	Y			М	D	Y		
From Whom Received				<u> </u>					Prior Am	ount	<del>'</del>	Amt. Incurred	this Period
Address .				_								Outstanding B	alance
City	St ate OH	Zip Code	;	Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was	M	D	Y	M	D	Yı	\$		M	D	Y	S	
Registration Number, if PAC	•		<u></u>	M	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y			
* Required for contributions from it the individual's business, if any, ra- labor organization of which the en-	ther than e	nployer sl	nould be li	sted. lf t	wo or m	ore emp	oloyees contr	ibute via pa					
If a loan is forgiven, write "Forg												e Statement	

Balance to the Cover page (Form No. 30-A).

Total prior amount \$\$7,	00.00	
<sup>2</sup> Total received this period \$	\$800.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$7,800.00	(To Form No. 30-A