

## **Statement of Loans Received**

Prescribed by Secretary of State3/05

Full Name of Committee													
Committee to Re-Ele	ect Iudo	e B ei	nder										
From Whom Received	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					·		<u>-</u>	Prior	Ame	ount		Amt, Incurred this Period
John F. Bender								100.00			0.00		
Address 7156 Asheville Park Drive												Outstanding Balance 100.00	
City		Zip Code	<u> </u>		D		n		_			D.	
Columbus	OH 43235			Loans Received This Period  Date Amount					Date Paym			_	ents This Period Amount
Date Loan was originally	M	D	Y	М	D	Y	S		М		D	Y	\$
Incurred	0 1	3 0	1 0			1							
Registration Number, if PAC				М	D	Y 			M	-	D	Y	
Employer/Occupation/Labor Organizatio	n*			М	D	Y			М		D	Υ	
From Whom Received		······································		<u> </u>	<u> </u>	<u> </u>	•		Prior	Ame	ount		Amt. Incurred this Period
Address													Outstanding Balance
City	State	Zip Code	2	Loa	Loans Received This Period  Date Amount			Paym Date			•	ents This Period Amount	
Date Loan was originally	M	D	ΙΥ	MI	D	Y	S	7 Milotin	M	·····	D	Y	S
Incurred					l -	lί					1	Ιī	
Registration Number, if PAC	!			М	D	Ϋ́			М		D	Y	
Employer/Occupation/Labor Organization	n*			M	D I	Ϋ́			М		D	Y	
From Whom Received				<u> </u>	<u> </u>	<u> </u>			Prior	Amo	ount		Amt. Incurred this Period
Address													Outstanding Balance
City	State	Zip Code	e	Loans Received This Period  Date Amount					Payments This P Date			ents This Period Amount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	s	( NINOMER	М		D	Y	\$
Registration Number, if PAC		<u> </u>		M	D	Y			М		D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М		D	Y	
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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 Exp	enditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	100.00	
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-
4	Total Outstanding Balance \$	100.00	(To Form No. 30-A)

<sup>\*</sup> 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 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)