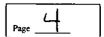
Statement of Loans Received



Prescribed by Secretary of State 3/0

			riescii	DCG 05 31	ciciary o	State 3/03					
Full Name of Committee Cotner For Council		, <u>-</u>									·
From Whom Received Barth Cotner	-	-					F	rior Am \$8,2	iount 200.00	·	Amt. Incurred this Period \$300.00
Address 1862 Drugan Court											Outstanding Balance \$8,500.00
City Reynoldsburg	St ate OH	Zip Code 43068	Loans Received This Period Date Amount						l Date	Payments	This Period Amount
Date Loan was originally Incurred	0^{M} 3	$\begin{bmatrix} 2 & 2 & 0 \end{bmatrix} $	м 1 2	1 3	1 3	\$ \$300.00		M	D	Y	S
Registration Number, if PAC			М	D	Y			M	D	Y	
Employer/Occupation/Labor Organizati Cotner Funeral Home	on*	-	M	D	Y			M	D	Y	
From Whom Received				•		•	P	nor Am	ount	<u> </u>	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was	М	D Y	M	D	Y	s		M	D	Y	S
Registration Number, if PAC			М	Đ	Y			M	D	١	
Employer/Occupation/Labor Organization	n*		М	D	Y			M	D	Y	
From Whom Received			, , , , , , , , , , , , , , , , , , ,	<u> </u>		<u> </u>	P	rior Am	ount	<u> </u>	Amt. Incurred this Period
Address						<u> </u>					Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	M	D Y	М	D	Y	s		M	D	Y	5
Registration Number, if PAC	• :	· · · · · · · · · · · · · · · · · · ·	М	D	Y	_		M	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			M	D	Y	
Required for contributions from in	dividuals o	ver \$100 to statewid	e and g	eneral a	sembly	candidates. If con	tributor	is self-	emplove	d. the occ	upation and the name of

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

Total prior amount \$\$8,2	200.00	
² Total received this period \$	\$300.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$8,500.00	(To Form No. 30-A

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]