31-C R.C. 3517.10

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Statement of Loans Received

Prescribed by Secretary of State 2/01

						٠.				189							
Full Name of Committee																	
Kilroy for Commissioner																	
From Whom Received				4							Prior	Amou				ncurred this P	**
Mary Jo Kilroy													5,80	62.25			0.00
Address	1	1.						* .i.							Outsta	nding Balance	
3100 Midgard Rd.	· .															5,	862.25
City State Zip Code			Loans Received This Period					Payments This Period									
Columbus	O F	[4320)2		- 1	Date			An	nount			Date	9		Amount	
Date Loan was originally	M	D	Y	M		D	Y		\$		М		D	Y	\$		
Incurred to a second of the second	1 0	1 7	9 6							*							
Registration Number, if PAC				M		D	Y				M		D	Y			
			- N		٠								1		1		
Employer/Occupation/Labor Organization			1	M		D	Y				M		D	Y			
							1	1				5 1	ļ				
From Whom Received				7.1	1.50						Prior	Amou	nt		Amt I	ncurred this P	eriod
Handelman & Kilroy												4.	1,90	66.61			0.00
Address									-						Outsta	nding Balance) _. .
360 S. Grant Ave.																1,	966.61
City	State	Zip Co	de		Loan	s Recei	ved T	his I	Period	. •				Pavi	nents Th	nis Períod	
Columbus	O F	[432]	5			Date			Ar	nount			Date			Amount	r i de
Date Loan was originally	M	D	Y	М	T	D.	Y'		\$		M	T	D	Y	\$		
Incurred	1 2	3 1	9 1								ı i						
Registration Number, if PAC				М	寸	D	Y			1.00	M	\top	D	Y	1		- 1
					.						li		-1 -				
Employer/Occupation/Labor Organization	* .	- T		М	一	D	Y				М		D	Y			
												: -					
From Whom Received											Prior	Amou	nt .		Amt I	ncurred this P	eriod
Robert K. Handelman	1						1						2'	78.04			0.00
Address					•											inding Balance	
360 S. Grant Ave.				;													278.04
City	State	Zip Co	de	Г	T nam	s Rece	T bowi	hic I	Doziod	· · · · · ·				Dave	nonte Th	us Period	
Columbus		1 432		1	Loui	Date	iveu i	1113 1		mount			Date		Ments II	Amouni	
Date from water originally	M	D	T Y	M	. 1	D	TY		ŝ		М		D	ΙΥ	S		
Incorred 4	1 2	3 1	9 1		ļ										1		
Registration Number, if PAC	1 1 4	101	1711	М	\dashv	D	Y				M	-	D	Y	+		
						-						1	-				
Employer/Occupation/Labor Organization	•			М	寸	D	Y				М	+	D	Y	 		
			3 To 10										1.				
									·		نب	بـ	+-			 	<u>-</u>

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).

ĺ	Total prior amount \$	8,106.90	
	Total received this period \$	0.0	0_ (To Form No. 31-A-2)
3	Total Payments this Period \$	0.0	O (also record on Form 31-E
4	Total Outstanding Balance \$	8,106.9	O (To Form No. 30-A)