

Statement of Loans Received

Prescribed by Secretary of State 8/95

| | | | | | | | | | |
|---|--|--|--|--------------------|--|-----------------------------|--|--|--|
| Full Name of Committee Committee for Judge Brandt | | | | | | | | | |
| From Whom Received Gary L. Gabriel | | | | | | Prior Amount 0.00 | | Amt. Incurred this Period 2,000.00 | |
| Address 1283 White Road | | | | | | | | Outstanding Balance 2,000.00 | |
| City Grove City, Ohio 43123 | | | | State OH | | Zip Code 43123 | | Payments This Period | |
| | | | | | | | | Date M D Y | |
| Date Loan was originally Incurred | | | | M D Y | | M D Y | | \$ | |
| Registration Number, if PAC | | | | | | M D Y | | | |
| Employer/Occupation/Labor Organization* | | | | | | M D Y | | | |
| From Whom Received Betty L. Gabriel | | | | | | Prior Amount 0.00 | | Amt. Incurred this Period 2,000.00 | |
| Address 1283 White Road | | | | | | | | Outstanding Balance 2,000.00 | |
| City Grove City, Ohio 43123 | | | | State OH | | Zip Code 43123 | | Payments This Period | |
| | | | | | | | | Date M D Y | |
| Date Loan was originally Incurred | | | | M D Y | | M D Y | | \$ | |
| Registration Number, if PAC | | | | | | M D Y | | | |
| Employer/Occupation/Labor Organization* | | | | | | M D Y | | | |
| From Whom Received | | | | | | Prior Amount | | Amt. Incurred this Period | |
| Address | | | | | | | | Outstanding Balance | |
| City | | | | State | | Zip Code | | Payments This Period | |
| | | | | | | | | Date M D Y | |
| Date Loan was originally Incurred | | | | M D Y | | M D Y | | \$ | |
| Registration Number, if PAC | | | | | | M D Y | | | |
| Employer/Occupation/Labor Organization* | | | | | | M D Y | | | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate via payroll deduction and exceed an aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

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.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 4,000.00 (also record on cover page)