## Page 5

## Statement of Loans Received

Prescribed by Secretary of State3/05

									gaptoni jirilgi kirilgani kir				
Full Name of Committee													
Judge Anne Taylor Co	ommi	ttee		*****************	**************************************		100000000000000000000000000000000000000		Prior	· A.m	ount	Wallest Walles	Amt. Incurred this Period
										Am		00.00	
Anne Taylor Address									-		) کرک	,0,00	Outstanding Balance
1375 Camelot Drive													2,500.00
City	State	Zip Code	e	Loans Received This Period						Payments This Period			
Columbus	OH	43220	0		Date				Date			,	Amount
Date Loan was originally	М	D	Y	М	D	Y	S		М		D	Y	\$
Incurred	0 2	1   3	0 9				nine en e						
Registration Number, if PAC				М	D	Y			М		D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М		D	Y	
From Whom Received			***************************************			Januari en	<u> </u>		Prior	Am	ount	<del>kunaanuduun</del> o	Amt. Incurred this Period
Address													Outstanding Balance
City	State	Zip Cod	e	Loa	Loans Received This Period					Payments This Period			
			1		Date	1	16	Amount		<sub>1</sub>	Date		Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	3		М		D	Y	\$
Registration Number, if PAC				М	D	Y			М		D 	Y	
Employer/Occupation/Labor Organization*	*			М	D	Y			М		D	Y	
From Whom Received	Wilesan Marian Marian								Prior	r Am	ount	<del></del>	Aint. Incurred this Period
Address													Outstanding Balance
City	State	Zip Cod	e	Log	ans Recei	ved Thi	Period			A SHOWING		Pavi	nents This Period
şanzıranı					Date			Amount	i		Date	•	Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М		D	Y	S
Registration Number, if PAC	·········	<u> </u>		М	D	Y			М		D	Y	
Employer/Occupation/Labor Organization*	ķ			М	D	Y			М		D	Y	
					I								The Description of the Control of th

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).

1	Total prior amount \$	2,500.00	
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-B)
4	Total Outstanding Balance \$	2,500.00	(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)