## Statement of Loans Received

Page	

Prescribed by Secretary of State 3/05

Cotner For Council From Whom Received Barth Cotner  Address 1862 Drugan Ct.  City Reynoldsburg  OH  43068  Date  Loan Received This Period Date Amount  M  D  Y  S  State OH  D  D  D  D  D  D  D  D  D  D  D  D  D			
Barth Cotner  Address  The Payment of Amount Amount Address  State   Zip Code OH   43068   Loans Received This Period Amount    Date Loan was originally Incurred   OH   Zip Code OH    Employer/Occupation/Labor Organization*   M   D   Y   S    The Whom Received   M   D   Y    The Whom Received   M   D   Y   S    The	Full Name of Committee Cotner For Council		
State   Stat			
Reynoldsburg			Outstanding Balance \$8,200.00
Date Loan was originally Incurred  City  OH  OH  OH  OH  OH  OH  OH  OH  OH  O			
From Whom Received  Address  City  St ate OH O	Date Loan was 0   0   3   2   2   0   9		
Address  City  State OH  Date Loans Received This Period Amount  Date Loan was originally Incurred  Registration Number, if PAC  M D Y M D Y M D Y M D Y M D Y M D Y M D Y M D Y M D D Y M D D D D	Employer/Occupation/Labor Organization*	M D Y	M D Y
City  St ate OH  OH  St ate OH  Date  Loans Received This Period Amount  Date Loan was originally Incurred  Registration Number, if PAC  M D M D Y M D X M D	From Whom Received		Prior Amount Amt. Incurred this Period
City   State   Coh   Character   Charact	Address		Outstanding Balance
Date Loan was originally Incurred  Registration Number, if PAC  M D Y M D X M D Y M D X M			
Employer/Occupation/Labor Organization*  M D Y M D Y M D Y Amt. Incurred this Period  Address  City  St ate OH  OH  Date  Loan Was originally Incurred  M D Y S M D Y S M D Y S M D Y S M D Y S M D Y S M D Y S M D Y S M D Y S M D Y S M D Y S M D Y S M D D Y S M D D Y S M D D Y S M D D Y S M D D Y S M D D Y S M D D D D D D D D D D D D D D D D D D	Date Loan was	M D Y S	M D Y \$
From Whom Received  Address  City  St ate OH  OH  Date  Loans Received This Period Amount  Amount  M D Y M D Y M D Y M D Y S M D D Y S M D D Y S M D D Y S M D D Y S M D D Y S M D D D D D D D D D D D D D D D D D D	Registration Number, if PAC	M D Y	M D V
Address  City  St ate OH  City  City  OH  City	Employer/Occupation/Labor Organization*	M D Y	M D Y
City St ate OH Date Loan was originally incurred  St ate OH Date Loan was Payments This Period Amount  M D Y M D Y S M D Y S	From Whom Received		Prior Amount Amt. Incurred this Period
OH  Loans Received This Period Date Amount  M D Y M D Y M D Y S M D S M D Y S M D	Address		Outstanding Balance
Date Loan was originally incurred			
regulation reminer a fire	Date Loan was originally incurred		
Employer/Occupation/Labor Organization*  M. D. Y. M. D. Y.			
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation 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 \$ \$8,200.00		
<sup>2</sup> Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$8,200.00	(To Form No. 30-A)

<sup>\*</sup> 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)]