Page	1

## **Statement of Loans Received**

Prescribed by Secretary of State3/05

F 11 V									<u></u>					· · ·		
Full Name of Committee																
Ebner for Judge From Whom Received Pr							Prior	r Am	ount		Amt, Incurred this Period					
Cynthia Ebner						Prior Amount 0.00				/ tint. tincus		0.00				
Address								0.00	Outstandin		3.00					
405 S. Merkle Road					3						0.00					
City	State Zip Code Loans Received This Period Payments This Period															
Columbus	OH	43209			Date Amount					Date				Amount		
Date Loan was originally	M <sub>1</sub>	D	Y	М	D	Y		\$		М		D	Y	\$		
Incurred	0 3	0 9 3	1   5	0 3	0 9	1	5		100							
Registration Number, if PAC				М	D 	Y				М		D	Y 			
Employer/Occupation/Labor Organization*				М	D 	Y				М		D 	Ÿ 			
From Whom Received					<u> </u>	<u> </u>				Ртіо	r Am	ount		Amt, Incu	red this Period	
Cynthia Ebner							0.00		4,000	00.C						
Address													2 1 Ca	Outstandin	g Balance	
405 S. Merkle Road										1 5		, 2, 2 , 2 ± 5	125		4,000	00.0
City State Zip Code Loans Received This Period						Payments This Period										
Columbus	OH	43209		Date Amount				Date				Amount				
Date Loan was originally	M	D	Υ _	М	D	Y		\$		M		D	Y	\$		
Incurred	$0 \mid 4 \mid$	0 7 1	1   5	0 4		1	5		4000			!	1			
Registration Number, if PAC				M	D 	Y				М		D —	Y 			
Employer/Occupation/Labor Organization*				М	D	Y				M		D <sub>.</sub>	Y			
											j					
From Whom Received Prior Amount Amt. Incurred this Period																
	Cynthia Ebner         0.00         20,000.0							<u> </u>								
Address 405 S. Merkle Road 20,000.00																
ity State Zip Code Loans Received This Period Payments This Period																
Columbus	OH	43209		Date Amount Date Amount					Amount							
Date Loan was originally	Mi I	D	Y	М	D	Y		\$		M		D	Y	\$		
Incurred	1 0	0 8	1   5	1   0	-	_	<u>5</u>		20000	_						
Registration Number, if PAC				M	Ð	Y				М	İ	D 	Y 			
Employer/Occupation/Labor Organization*				M	מ	Y				М		D 	Y			
* Required for contributions over \$100 to s	tatavida av	nd uaparal n		anulidat.	ua Ifana		- ia :	16	loved secondism on	d tha		aC tha in	411191	nucinner		

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	ncome (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 co	er nage (Form No	. 30-A).

1 Total prior amount \$	0.00
2 Total received this period \$	24,100.00 (To Form No. 31-A-2)
3 Total Payments this Period \$	0.00 (also record on Form 31-1
4 Total Outstanding Balance S	24,100.00 (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)