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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee						<u>-</u>						
Ebner for Judge												
From Whom Received									Prior Ar	nount		Amt. Incurred this Period
Cynthia Ebner										1	00.00	0.00
Address											00.00	Outstanding Balance
405 S. Merkle Road												100.00
City	State	Zip Code	:	las	ns Receiv	ed This F	eriod				Pavm	ents This Period
Columbus	OН	43209	9		Date			Amount		Dat	•	Amount
Date Loan was originally	М	D	Y	M	D	Y	5		М	D	Y	s
Incurred	0 3	0 9	1 5	0 3	0 9	1 5		100				
Registration Number, if PAC				М	D	Y			М	D	Y	
											<u> </u>	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received					·	1			Prior A	mount		Amt. Incurred this Period
Cynthia Ebner										4,0	00.00	0.00
Address												Outstanding Balance
405 S. Merkle Road								<u></u> .,				4,000.00
City	State	Zip Code	:	Los	ns Receiv	ed This I	eriod				Paym	euts This Period
Columbus	OH	43209	9		Date			Amount	Date Amount			
Date Loan was originally	М	D	Y	М	D	Y	s		М	D	Y	S
Incurred	0 4	0 7	1 5	0 4	0 7	1 5		4000		11.		
Registration Number, if PAC				M	D	Y			М	D	Y	
										1		
Employer/Occupation/Labor Organization*				M	D .	Y			M	D	Y,	·
<u></u>					<u> </u>						<u> </u>	
From Whom Received									Prior A			Amt. Incurred this Period
Cynthia Ebner										5,0	00.00	0.00
Address												Outstanding Balance
405 S. Merkle Road												0.00
City	State	Zip Code		[,ca	ıns Receiv	ved This	eriod			_	•	ents This Period
Columbus		4320	_		Date	· · ·	l.	Amount		Da		Amount
Date Loan was originally	M	D	Y	M	D	Y	•	20000	М	D	l Y	15,000,00
Incurred	1 0	018	1 5	1 0 M	0 8	1 5 Y	.	20000	1 2 M	2 1 0	1 5	15,000.00
Registration Number, if PAC				m	"	1				I	1	5000.00
Employer/Occupation/Labor Organization*		-		M)	D	Y	\vdash	· · · · · · ·	M	D	Y	3000.00
in the state of th					1	·				1 1	1	
<u> </u>				<u> </u>		<u> </u>						<u> </u>
* Required for contributions over \$100 to st	atewide a	nd genera	l assembly	y candidat	es. If cont	ributor is	self-emp	oloyed, occupation and	d the nan	ne of the in	ndividual's	business,

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).

i	Total prior amount \$	9,100.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	5,000.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	4,100.00	(To Form No. 30-A)

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)