31-C R.C. 3517.10



10 OCT 13 PH 2: 35

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Statement of Loans Received

Prescribed by Secretary of State3/05

				rn	escribea b	y Secreta	ry or Sta	ne3/03				
Full Name of Committee												
Cotner for Council									n · .			Transport
From Whom Received Barth Cotner									Prior A		00.00	Amt. Incurred this Period 1,500.0
Address										الراد	00.00	Outstanding Balance
1439 Jackson Ave.												5,000.0
City	State	Zip Cod		Loa	ns Receiv	ved This	Period				Payn	nents This Period
Reynoldsburg	O H				Date	·		Amount		Date		Amount
	M	D 2	Y	M O · 4	D	Y	\$	1 500 00	M	D	Y	\$
Registration Number, if PAC	0 3	2 3	0.9	0 4 M	2 4 D	0 9 Y	-	1,500.00	M.	D	Y	
Registration Number, it i Ac				141		1			IVI.	"	1	
Employer/Occupation/Labor Organization	*			M	D	Y			M	D	Y	
From Whom Received									Prior A	nount		Amt. Incurred this Period
A 11												0
Address												Outstanding Balance
City State Zip Code			Los	ıns Receiv	ved This	Period		Payments This Period				
		ļ ·			Date	, cu i ilis	i ci iou	Amount	Date			Amount
	M	D	Y	М	D	Y	\$		М	D	Y	\$
D		<u> </u>	J	ļ.,.		1,	_				1,,	ļ
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization	*			M	D	Y	1		M	D	Y	
											ł	
From Whom Received					•		-		Prior A	nount	1	Amt. Incurred this Period
Address												Outstanding Balance
City	State	Zip Cod	e	form Broad and This Books					Down	sonts This Povind		
e,		J.,	-	Lua	Loans Received This Period Date Amount			Payments This Period Date Amount				
	M.	D	Y	M	D	Y	\$		M	D	Y	\$
		<u> </u>										
Registration Number, if PAC				М	D	Y			M	D	Y	{
Employer/Occupation/Labor Organization	•			М	D	Y	-		M	D	Y	
Employer/Occupation/Laoor Organization				IVI	"	1			IAT.	"	'	
					4		•			<u>. </u>		
* Required for contributions over \$100 to a	statewide	and gener	al assemb	ly candida	ites. If cor	ntributor i	s self-en	nployed, occupation a	nd the na	me of the	individua	l's business,
if any, rather than employer should be liste	d. If two	ormore er	nployees o	lonate via	payroll de	eduction a	nd exce	ed the aggregate of \$1	00, the la	ibor organ	ization of	which
the employees are members, if any, must a	ppear. R.	C. 3517.1	0(B)(4)									
If a loan is forgiven, write "Forgiven" in the		-	•					-				
Transfer total of all payments made in this	period to	ine States	nent of Ex	penature	s (rom N	iu. 31-B).	i ransie	r iotal Outstanding B	aiance to	me cover	page (10	nn 180. 50-A).
1 Total prior amount \$		3,5	00.00									
				-								

1	Total prior amount \$	3,500.00	
2	Total received this period \$	1,500.00 (To Form No. 31-A-2)	
3	Total Payments this Period \$	0.00 (also record on Form 31-B)	
4	Total Outstanding Balance \$	5,000.00 (To Form No. 30-A)	Ja-29-10