Page		

Statement of Loans Received

Prescribed by Secretary of State3/05

T 1131 CO 11														
Full Name of Committee Friends for Ginther														
From Whom Received	-								D-:-	r Am	ount.		IA-4 Times	att bere
Andrew Ginther					Pilo	r Aiti		00.00	Amt. Incurred this Period					
Address							1,0	00.00	Outstanding 1	0.00				
98 Montrose Way													Outstanding I	
City	State	Zip Code											<u> </u>	0.00
Columbus		43214		Loans Received This Period Date Amount					Dat	-	nents This Period Amount			
Date Loan was originally Incurred	м 0 3	D 1 8	$\begin{array}{ c c c c }\hline Y\\1 &0\end{array}$	M	D	Y 	\$		м 0	7	D 2 0	$\begin{array}{ c c }\hline Y\\1 & 0\end{array}$	\$	1000.00
Registration Number, if PAC				М	D	Υ			М		D 	Y		10000
Employer/Occupation/Labor Organization*				М	D	Ϋ́	+		M		D	Ÿ		
Community Relations C	Coord	inato	r			1							i	
From Whom Received							<u> </u>		Prio	r Am	ount	<u> </u>	Arnt. Incurre	l this Period
Address			_				-						Outstanding 1	Balance
City	State	Zip Code		Loans Received This Period						Payn	ents This Per	iod		
		ļ	,		Date	,		Amount			Dat		Amount	
Date Loan was originally	M	D	Y	М	D 	Y	\$		М		D	Y	S	
Registration Number, if PAC			-	М	D	Y			М		D 	Ϋ́		
Employer/Occupation/Labor Organization*				М	D	Y	1	·· ····	М		D	Y	·	
From Whom Received		-, -			<u> </u>	!	_L	- , ,, ,	Prior	r Am	ount		Amt. Incurre	d this Period
Address												•	Outstanding 1	Balance
City	State	Zip Code		Loans Received This Period						Payn	nents This Period			
				L	Date			Amount	ŀ		Dat	e		Amount
Date Loan was originally was Incurred	M	D	Y	М	D	Y 	\$		М		D	Y	\$	
Registration Number, if PAC			•	М	D	Y		-	М		D	Y	1	
Employer/Occupation/Labor Organization*				М	D	Y			М		ď	Y		
* Required for contributions over \$100 to st					_ !	<u> </u>				<u> </u>			<u></u>	

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. 31-B).	

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