Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Committee							· , ·····				
Committee to Elect Bill	Todd										
From Whom Received							Prior An	nount		Amt. Incurred this Period	
Bill Todd						025.00		\$0.00			
Address										Outstanding Balance	
41 South High Street,										\$5,025.00	
City Columbus	St ate OH	Zip Code 43215	Loans Received This Period Date Amount				Payments Date			s This Period Amount	
Date Loan was originally Incurred	0 2	2 8 0 7	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC			М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
From Whom Received				· · · · · · · · · · · · · · · · · · ·	•••		Prior Ar	nount		Amt. Incurred this Period	
Address										Outstanding Balance	
City	St ate Zip Code OH			Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	M	D Y	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC		I	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
From Whom Received			-			<u> </u>	Prior Ar	nount	•	Amt. Incurred this Period	
Address										Outstanding Balance	
City	St ate OH	Zip Code	Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was originally Incurred	M	D Y	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC		4, i	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
* Required for contributions from the individual's business, if any,	n individuals o , rather than er	over \$100 to statewic inployer should be lis	le and g sted. If t	wo or mo	re empl	candidates. If contribute via p	utor is sel	f-employe duction ar	ed, the oc	ccupation and the name of d the aggregate of \$100, th	

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).

¹ Total prior amount \$\$5,0)25.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$5,025.00	(To Form No. 30-A)

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]