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## **Statement of Loans Received**

Prescribed by Secretary of State3/05

Full Name of Committee						E Calandae ann an amhan an an	ANGLOSS						nganganangan karapatan karapa	
Cotner For Council														
From Whom Received								Prior Amount			Amt. Inc	urred this Period		
Barth Cotner							0.00				2,300.00			
											Outstand	ing Balance		
Address 1439 Jackson Ave												2,300.00		
									Payments This Period					
Reynoldsburg		1 ^		Loa	Loans Received This Period  Date Amount				Date Payme			1 1118	Amount	
Date Loan was originally	М	D	Y	M	D	Y	\$			M	D	Y	\$	
Incurred	3	2 3	0 9	0 3	2 3	0 9	)		2300					
Registration Number, if PAC				М	D	Y				M	D	Y		
Employer/Occupation/Labor Organization*	•			M	D	Y				M	D	Y		
Funeral Director/Cotne	er Fur	ieral F	<b>Home</b>							Assum				
From Whom Received				0						Prior A	mount		Amt. Inc	curred this Period
Barth Cotner												0.00		1,200.00
Address													Outstand	ling Balance
1439 Jackson Ave														1,200.00
City		Zip Code		Loa	ns Recei	ved This	Per	iod		Payments This Period				
Reynoldsburg	OH	43068	3		Date				Amount	Date				Amount
Date Loan was originally	M	D	Y	M	D	Y	\$			M	D	Y	\$	
Incurred	3	2 3	0 9	$0 \mid 4$	1 3	0 9			1200					
Registration Number, if PAC				М	D	Y				М	D	Y		
Employer/Occupation/Labor Organization	k		***************************************	М	D	Y				M	D	Y		
Funeral Director/Cotn	er Fur	neral I	<b>Home</b>											
From Whom Received							Prior Amount Amt. Incurred this Period			curred this Period				
Address Outstanding Balance									ding Balance					
City	State	Zip Cod	e	Loans Received This Period				Payments T		ents This	Period			
					Date				Amount		Dat	te		Amount
Date Loan was originally	М	D	Y	М	D	Y	\$			М	D	Y	\$	
Incurred												İ		
Registration Number, if PAC				М	D	Y				М	D	Y		
Employer/Occupation/Labor Organization	*			М	D <sub>,</sub>	Y	$\top$			М	D	Y		· · · · · · · · · · · · · · · · · · ·
			Solvei So											

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	n this period to the Statement	of Expenditures (Form No. 3	31-B). Transfer Total Outstandir	ng Balance to the cover page	(Form No. 30-A).

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