

## Statement of Loans Received

Prescribed by Secretary of State 3/05

|  |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
|--|--|--------------------|--|--------------------------|--|----------------------------|--|---------------------------------|--|--|--|--------|--|
| Full Name of Committee<br><b>Rita Eppler for Judge</b> |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| From Whom Received<br><b>Rita Eppler</b>               |  |                    |  |                          |  |                            |  | Prior Amount<br><b>5,000.00</b> |  | Amt. Incurred this Period<br><b>0.00</b> |  |        |  |
| Address<br><b>941 Robbins Way</b>                      |  |                    |  |                          |  |                            |  |                                 |  | Outstanding Balance<br><b>Forgiven</b>   |  |        |  |
| City<br><b>Worthington</b>                             |  | State<br><b>OH</b> |  | Zip Code<br><b>43085</b> |  | Loans Received This Period |  |                                 |  | Payments This Period                     |  |        |  |
|  |  |                    |  |                          |  | Date                       |  | Amount                          |  | Date                                     |  | Amount |  |
|  |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
|  |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| Registration Number, if PAC                            |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| Employer/Occupation/Labor Organization*                |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| From Whom Received                                     |  |                    |  |                          |  |                            |  | Prior Amount                    |  | Amt. Incurred this Period                |  |        |  |
| Address  |  |                    |  |                          |  |                            |  |                                 |  | Outstanding Balance                      |  |        |  |
| City   |  | State              |  | Zip Code                 |  | Loans Received This Period |  |                                 |  | Payments This Period                     |  |        |  |
|  |  |                    |  |                          |  | Date                       |  | Amount                          |  | Date                                     |  | Amount |  |
|  |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
|  |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| Registration Number, if PAC                            |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| Employer/Occupation/Labor Organization*                |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| From Whom Received                                     |  |                    |  |                          |  |                            |  | Prior Amount                    |  | Amt. Incurred this Period                |  |        |  |
| Address  |  |                    |  |                          |  |                            |  |                                 |  | Outstanding Balance                      |  |        |  |
| City   |  | State              |  | Zip Code                 |  | Loans Received This Period |  |                                 |  | Payments This Period                     |  |        |  |
|  |  |                    |  |                          |  | Date                       |  | Amount                          |  | Date                                     |  | Amount |  |
|  |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
|  |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| Registration Number, if PAC                            |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |
| Employer/Occupation/Labor Organization*                |  |                    |  |                          |  |                            |  |                                 |  |  |  |        |  |

\* 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 or more 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)

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).

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