## **Statement of Loans Received**

Page	

Prescribed by Secretary of State 3/05

Full Name of Committee COMMITTEE TO REELC	T JUD	GE GIL	.L								
From Whom Received ELIZABETH GILL							Prior Amount \$17,235.68			Amt. Incurred this Period \$1,601.37	
Address 33 COLUMBUS STREET										Outstanding Balance \$10,991.18	
City COLUMBUS	St ate OH	Zip Code 43206		Loans Received This Period Date Amount				Payments This Period  Date Amount			
Date Loan was	м 1 1	D <sub>:</sub> 0 : 7	0 6	м 1 -1	0 7	Y. 1 - 1	s \$1,601.37	М	D .	Y	is
Registration Number, if PAC			<u> </u>	M	D	Y .		М	D :	Y <sub>2</sub>	
Employer/Occupation/Labor Organization*			М	D	Y		М	D <sub>i</sub>	Y:		
From Whom Received				k		<del>L</del>	<del> </del>	Prior Am	ιουπτ		Amt. Incurred this Period
Address								8			Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period  Date Amount				Payments This Period Date Amount			
Date Loan was	M <sub>1</sub>	D <sub>i</sub>	Y	М.	D	Y	\$	M	D,	Y	S
Registration Number, if PAC			<b></b>	M:	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y. ;	
From Whom Received		• •			<u> </u>	<u>'</u>	<u></u>	Prior An	iount	•	Amt. Incurred this Period
Address							<u>-</u> <del>-</del>				Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Annount				Payments This Period Date Amount			
Date Loan was	M	D	Y	М	D	Y	\$	М	D <sub>i</sub>	Y'	\$
Registration Number, if PAC			M	D	Y		M	D	Y. ;		
Employer/Occupation/Lubor Organization*				М	D	Y		M:	D ,	Y .	
* Required for contributions from in-	dividuals (	over \$100 i	to statewic	de and g	eneral as	sembly	candidates. If contri	butor is self	-employe	d, the oc	cupation and the name of

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).

Total prior amount \$\$17		
<sup>2</sup> Total received this period \$	\$1,601.37	(To Form No. 31-A-2)
Total payments this period \$ _	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$10,991.18	(To Form No. 30-A)

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]