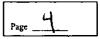
31-C R.C. 3517.10

Statement of Loans Received



Prescribed by Secretary of State 3/0

| | | | Prescribed by Secretary of State 3/05 | | |
|--|----------------|---|---|--|---|
| Full Name of Committee Adair For Judge Commit | te | _ | | | |
| From Whom Received James W Adair III | | | | Prior Amount \$4,000.00 | Amt, Incurred this Period \$0.00 |
| Address 150 Rockport Ct | | | | | Outstanding Balance \$4,000.00 |
| City Columbus | St ate OH | Zip Code 43235 | Loans Received This Period Date Amount | Payment: Date | s This Period Amount |
| Date Loan was originally Incurred | 0 6 | D Y 3 | M D Y S \$0.00 | M D Y | \$0.00 |
| Registration Number, if PAC | | | M D Y | M D Y | |
| Employer/Occupation/Labor Organiza | tion* | | M D Y | M D Y | |
| From Whom Received | | | | Prior Amount | Amt. Incurred this Period |
| Address | | | | | Outstanding Balance |
| City | St ate OH | Zip Code | Loans Received This Period Date Amount | Payment Date | s This Period Amount |
| Date Loan was originally Incurred | М | D Y | M D Y S | M D Y | S |
| Registration Number, if PAC | | , | M D Y | M D Y | |
| Employer/Occupation/Labor Organization* | | | M D Y | M D Y | |
| From Whom Received | | | | Prior Amount | Amt. Incurred this Period |
| Address | | | | | Outstanding Balance |
| Спу | St ate OH | Zip Code | Loans Received This Period Date Amount | Payment Date | s This Period Amount |
| Date Loan was originally Incurred | М | D Y | M D Y S | M D Y | s |
| Registration Number, if PAC | | | M D Y | M D Y | |
| Employer/Occupation/Labor Organization* | | | M D Y | M D Y | |
| the individual's business, if any, | rather than ea | mployer should be li | de and general assembly candidates. If con sted. If two or more employees contribute must also appear. [R.C. 3517.10(B)(4)] | tributor is self-employed, the cria payroll deduction and excent | ecupation and the name of ed the aggregate of \$100, the |

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 S \$4,0 | | |
|--|------------|----------------------|
| ² Total received this period S | \$0.00 | (To Form No. 31-A-2) |
| ³ Total payments this period S _ | \$0.00 | (To Form No. 31-B) |
| ⁴ Total Outstanding Balance \$ _ | \$4,000.00 | (To Form No. 30-A) |