

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | |
|--|--|--------------------|--------------------------|----------------------------|---|--------|---|-----------------------------|---|--|--------|--|
| Full Name of Committee Doucher for Judge | | | | | | | | | | | | |
| From Whom Received Kimberley A. Doucher | | | | | | | | Prior Amount 0.00 | | Amt. Incurred this Period 480.39 | | |
| Address 6065 Frantz Rd, Suite 104 | | | | | | | | | | Outstanding Balance 480.39 | | |
| City Dublin | | State OH | Zip Code 43017 | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | | D | | Y | | \$ | |
| | | | | | 1 | | 0 | | 1 | | 0 | |
| | | | | | | | | | | | 9 | |
| | | | | | | | | | | | 229.38 | |
| Registration Number, if PAC | | | | M | | D | | Y | | | | |
| | | | | 1 | | 2 | | 0 | | 3 | | |
| | | | | | | | | | | 19.36 | | |
| Employer/Occupation/Labor Organization* | | | | M | | D | | Y | | | | |
| Attorney, Doucher & Doucher | | | | 1 | | 2 | | 0 | | 4 | | |
| | | | | | | | | | | 64.42 | | |
| From Whom Received Kimberley A. Doucher | | | | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address 6065 Frantz Rd, Suite 104 | | | | | | | | | | Outstanding Balance | | |
| City Dublin | | State OH | Zip Code 43017 | Loans Received This Period | | | | Payments This Period | | | | |
| | | | | Date | | Amount | | Date | | Amount | | |
| Date Loan was originally Incurred | | M | D | Y | M | | D | | Y | | \$ | |
| | | | | | 1 | | 1 | | 2 | | 0 | |
| | | | | | | | | | | | 0 | |
| | | | | | | | | | | | 9 | |
| | | | | | | | | | | | 87.23 | |
| Registration Number, if PAC | | | | M | | D | | Y | | | | |
| | | | | 1 | | 1 | | | | 0 | | |
| | | | | | | | | | | 80.00 | | |
| Employer/Occupation/Labor Organization* | | | | M | | D | | Y | | | | |
| Attorney, Doucher & Doucher | | | | | | | | | | | | |
| 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 | | |
| Date Loan was originally Incurred | | M | D | Y | M | | D | | Y | | \$ | |
| | | | | | | | | | | | | |
| Registration Number, if PAC | | | | M | | D | | Y | | | | |
| | | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | M | | D | | Y | | | | |
| | | | | | | | | | | | | |

* 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).

- Total prior amount \$ 0.00
- Total received this period \$ 480.39 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 480.39 (To Form No. 30-A)