Statement of Loans Received

Page	1	(ก
		' (<i>))</i>

Prescribed by Secretary of State 3/0

		Prescribed by Secretary of State 3/05	
Full Name of Committee			
Burgess, Davis, and Soc	It for BOE		
From Whom Received		·	Prior Amount Amt. Incurred this Period
James Burgess	•		\$2,600.00 - 2017.56 FOR
Address			Outstanding Balance
174 Barcelona Ave			\$0.00
City	State Zip Code		
Westerville	OH 43081	Loans Received This Period Date Amount	Payments This Period
1	M D Yı	M D. Yi S	Date Amount M D Yi S
Date Loan was	0 9 2 8 1 3		0 1 2 1 1 4 \$582.44
originally Incurred	0 9 2 0 1 3		0 1 2 1 1 7 0002.44
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
Jean Burgess			\$100.00 FOREIVEN
Address			Outstanding Balance
174 Barcelona Ave	-		S0.00
City	State Zip Code		
Westerville	State Zip Code OH 43081	Loans Received This Period	Payments This Period
	0 1	Date Amount	Date Amount
Date Loan was	M D Y	M D Y S	M D Y S
originally Incurred	1 0 2 6 1 3		
Registration Number, if PAC	<u> </u>	M D Y	M. D. Yi
-			
Employer/Occupation/Labor Organiza	ntion*	M D Y	M D Y
Employer Occupation Euror Organiza	anou.		
		<u></u>	
From Whom Received			Prior Amount S300.00 FORMSU VEV
Jim Burgess			2200.00 (Otaxal Oct
Address			Outstanding Balance
4930 Honeysuckle Blv	ď		\$0.00
City City	St ate Zip Code		
Columbus	OH 43230	Loans Received This Period Date Amount	Payments This Period Date Amount
	M D Y	M D Y S	M D Y S
Date Loan was	1 0 2 6 1 3		
originally Incurred	1,10 2 0 1,10		
Registration Number, if PAC		M D Y	M D Y
	•		
Employer/Occupation/Labor Organization*		M D Y	M D Y
Required for contributions from	individuals over \$100 to statew	ide and general assembly candidates. If contrib	utor is self-employed, the occupation 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 \$ \$3,0	00.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$	\$582.44	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$0.00	(To Form No. 30-A)

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)]