Statement of Loans Received

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			Prescribed by Secretary of State 3/05		
Full Name of Committee Cotner For Council					
From Whom Received Barth Cotner				Prior Amount \$7,800.00	Amt, Incurred this Period \$400.00
Address 1862 Drugan Ct.					Outstanding Balance \$8,200.00
City Reynoldsburg	St atc Zip Code OH 43068		Loans Received This Period Date Amount	Payments This Period Date Amount	
Date Loan was originally Incurred	о 3	2 2 0 9	0 9 0 5 1 3 \$400.00	M D Y	S
Registration Number, if PAC		,	M D Y	M D Y	
Employer/Occupation/Labor Organization* Cotner Funeral Home/ Funeral Director			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	Payments Date	s This Period Amount
Date Loan was originally Incurred	M	D Y	M D Y S	M D Y	\$
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organization	n*		M D Y	M D Y	
From Whom Received				Prior Amount	Amt. Incurred this Period
Address			<u> </u>		Outstanding Balance
City	State Zip Code		Loans Received This Period Date Amount	Payments This Period Date Amount	
Date Loan was originally Incurred	M	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, ra	ther than e	mployer should be I	vide and general assembly candidates. If contribution listed. If two or more employees contribute via punust also appear. [R.C. 3517.10(B)(4)]	utor is self-employed, the o payroll deduction and excee	ecupation and the name of d the aggregate of \$100, the
If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Tra Balance to the Cover page (For	nsfer tota	i of all payments i	Balance" space. Transfer total of all loans made in this period to the Statement of Exp	received this period to t enditures (Form No. 31-	he Statement of Other B). Transfer Outstanding
¹ Total prior amount \$\$7,	800.00	<u></u>			
² Total received this period \$	\$400.	00	(To Form No. 31-A-2)		
Total payments this period \$\$0.00		(To Form No. 31-B)			

_ (To Form No. 30-A)

\$8,200.00

⁴ Total Outstanding Balance \$ _