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Statement of Loans Received

Prescribed by Secretary of State 3/05																
Full Name of Committee											_					
Morehart for Judge																
From Whom Received								Prior /	Amo	unt		Amt. l	ncurred this F	eriod		
Cvnthia A. Morehart										5,00	00.00			0.00		
Address										,	Outsta	nding Balanc	2			
98 Grandview Dr. 5,000.00										.00.000,						
City	State	Zip Code		Loa	ıns Rece	ived T	his P	eriod					Payn	ents Th	is Period	
Dublin	OH	4301	7		Date				Amount	Date Amount				it		
Date Loan was originally	М	D	Y	M	D	Y		S		М		D	Y	\$		
Incurred	0 6	1 6	1 5													
Registration Number, if PAC				M	D 	Y	_			M	ĺ	D	Y 			
Employer/Occupation/Labor Organization*			•	M	D 	Y	1			М		D 	Y			
From Whom Received					J	نسك				Prior	Amo	unt	<u> </u>	Amt, I	ncurred this I	eriod
Cynthia A. Morehart												5.00	00.00			0.00
Address													1 1	Outsta	nding Balanc	
98 Grandview Dr.														ľ	5	00.000,
City	State	Zip Code	e	Loa	ans Rece	ived T	his F	eriod		Payments This Period						
Dublin	OlH	4301	7		Date				Amount			Date	•		Amour	ıt
Date Loan was originally	М	D	Y	M	D	Y		s		M	T	D	Y	\$		
Incurred	1 0	1 3	1 5													
Registration Number, if PAC				M	D	Y				М		D 	Y			
Employer/Occupation/Labor Organization*				M	D	Y	l			М		D	Y			·
From Whom Received							Prior Amount Amt. Incurred this I					eriod e				
Address Outstanding Balance							e									
City	State	Zip Code	•	Loans Received This Period					Payments This Period							
Data baan was animinally:		 	T 3/	3.4	Date	1 1/		l _c	Amount	3.4	-	Date	· · · · · · · · · · · · · · · · · · ·	To .	Amour	<u> </u>
Date Loan was originally Incurred	М	D 	Y 	М	D	Y		,		М		D	Y 	\$		
Registration Number, if PAC				М	D	Y	1			М		D 	Y			
Employer/Occupation/Labor Organization*				М	D	Y	_			М	┪	D	Y	1		
					1											
* 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 ormore 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 p	eriod to t	he Statem	ent of Exp	enditures	(Form N	o. 31-F	3). T	ransfer T	otal Outstanding Ba	lance to	the	cover pa	ge (Forn	No. 30	-A).	

1	Total prior amount \$	10,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	_ (also record on Form 31-E
4	Total Outstanding Balance \$	10,000.00	(To Form No. 30-A)