

Statement of Loans Received

Prescribed by Secretary of State 3/85

Full Name of Committee Franklin County Republican Party											
From Whom Received Citizens for Bill Schuck											
Address 865 Macon Alley											
City Columbus		State OH		Zip Code 43206		Loans Received This Period				Payments This Period	
						Date				Date	
						Amount				Amount	
Date Loan was originally incurred		M		D		Y		\$		M	
0		2		1		0		0		0	
Registration Number, if PAC		M		D		Y				M	
										D	
Employer/Occupation/Labor Organization*		M		D		Y				M	
										D	
										Y	
From Whom Received											
Address											
City		State		Zip Code		Loans Received This Period				Payments This Period	
		OH				Date				Date	
						Amount				Amount	
Date Loan was originally incurred		M		D		Y		\$		M	
										D	
Registration Number, if PAC		M		D		Y				M	
										D	
Employer/Occupation/Labor Organization*		M		D		Y				M	
										D	
										Y	
From Whom Received											
Address											
City		State		Zip Code		Loans Received This Period				Payments This Period	
		OH				Date				Date	
						Amount				Amount	
Date Loan was originally incurred		M		D		Y		\$		M	
										D	
Registration Number, if PAC		M		D		Y				M	
										D	
Employer/Occupation/Labor Organization*		M		D		Y				M	
										D	
										Y	

* Required for contributors 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)]

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).

¹ Total prior amount \$ **\$1,000.00**

² Total received this period \$ **\$0.00** (To Form No. 31-A-2)

³ Total payments this period \$ **\$0.00** (To Form No. 31-B)

⁴ Total Outstanding Balance \$ **\$1,000.00** (To Form No. 30-A)