3	1.	-C		
R	C.	351	7.1	N

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee																	
Committee to Re-elect	Don	Schonhar	d+														
From Whom Received	DOIL	CHOILLAI	uı							Prio	Amo	ount				Amt. Incurred this Per	iod
Donald J. Schonhardt								2,000.00									
Address							2,000.00					Outstanding Balance					
3750 Cemetery Rd.										1							0.00
City		Zip Code	\neg	Loans Received This Period					Payments This Period								
Hilliard		43026		Date Amount Date					Amount								
Pate Loncons originally (1) from all (1)	м 0 3	D 9 0	1		D		Y	\$		м 1	2	D 3	0		9	\$	2,000.00
Registration Number, if PAC			M	1	D		Y			М		D		Y			
Employer/Occupation/Labor Organization×			M	(D		Y			М		D		Y			
From Whom Received										Prio	. Am	ount				Amt. Incurred this Per	iod
Donald J. Schonhardt													10	0.00	00	<u> </u>	
Address																Outstanding Balance	0.00
3750 Cemetery Rd.	4	9. 6.1															0.00
City Hilliard		Zip Code 43026		Loans Received This Period			-	Pays Date				Payr	ments This Period Amount				
Date Loan was originally	M	D Y	- I	-	Date D		Y	Ie.	Amount	м	_	I D	Date	; Гу	-	Amoun	
incorrect constants	0 2	0 2 0	1						······································	1	2	3	0	1	9	<u> </u>	100.00
Registration Number, if PAC			M		D		Y	<u> </u>		М		D		Y			
Employer/Occupation/Labor Organization*			M	1	D		Y		··· · - · - · · - · · - · · - · · - · · - ·	М		D		Y			· · · · · ·
From Whom Received					<u></u>					Prio	Ame	ovent				Amt. Incurred this Per	boir
Address		···														Outstanding Balance	
City	State	Zip Code		Loans Received This Period Date Amount			T	Payments This Period Date Amount					ıt				
Date Ioan was originally Incurred	М	D Y	M	1	D	T	Y	\$		М		D		Y		\$	
Registration Number, if PAC		<u> </u>	M	1	D		Y			М		D		Y			
Employer/Occupation/Labor Organization*			M	1	D	1	Y	T		М		D		Y			
											1	<u> </u>					

If a loan is forgiven, write "Forgiven" in the "Dutstanding 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).

1	Total prior amount \$	2,100.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	2,100.00	(also record on Form 31-B
4	Total Outstanding Balance \$	0.00	(To Form No. 30-A)