Statement of Loans Received

Prescribed by Secretary of State3/05

E HAL CO											_		
Full Name of Committee	ممالم	n Dout	C.		C-12								
Franklin County Repr	uonca	n rari	.v - Ca	unpai	gn		_		Prior	Λ	t		Amt Incurred this Barind
Citizens for Bill Schuck								rnor	AM(00.00	Amt, Incurred this Period	
Address									· **:		1,00	0.00	Outstanding Balance
865 Macon Alley													1,000.00
City	State	Zip Code		Loa	ns Receiv	ed This	Period					Pavm	ents This Period
Columbus O H 43206				Date Amount							Date	•	Amount
Date Loan was originally	M	D	Y	M	D	Y	S		M	<u> </u>	D	Y	\$
Incurred	0 2	1 0	0 0										
Registration Number, if PAC				M	D 	Y		-	М		Ð	Y	
Employer/Occupation/Labor Organization*	,			M	D	Y	1		M	_	D	Y	
						j					-		
From Whom Received									Prior Amount				Amt. Incurred this Period
Address			,									3	Outstanding Balance
City	State	Zip Code	2	Loans Received This Period							Paym	ents This Period	
			_		Date			Amount	Date				Amount
Date Loan was originally Incurred	M	D	Y 	М	D	Y 	\$		M		D	Y	\$
Registration Number, if PAC	-			М	D	Y 			М		D	Y	
Employer/Occupation/Labor Organization*				М	D I	Y			М	Ì	D	Y	
From Whom Received				<u> </u>				Prior	Amo	ount	<u> </u> _	Amt. Incurred this Period	
					_								
Address													Outstanding Balance
City State Zip Code			Loans Received This Period								Paym	ents This Period	
		ļ			Date			Amount			Date	<u> </u>	Amount
Date Loan was originally Incurred	М	D 	Y	M	D	Y 	\$		M		D	Y	\$
Registration Number, if PAC				М	D	Y 			М		D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			M		D	Y	
				<u> </u>	1	<u> </u>	1	٠]]				<u> </u>

If a loan is forgiven, write	"Forgiven" in the	e "Outstanding Balance"	space.	Transfer total of all loans	received this period	to the Statement of	of Other Income	(Form No.	31-A-2)
Transfer total of all payme	ents made in this	period to the Statement	of Expe	nditures (Form No. 31-B),	Transfer Total Out	tstanding Balance t	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	(also record on Form 31-B)
4	Total Outstanding Balance \$	1,000.00	(To Form No. 30-A)

^{*} 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)