3	1.	·C
R.	C.	3517.10

Statement of Loan's Received

Prescribed by Secretary of State 2/01

				•	1630110001	,, ,,,,,,,	a., s					
Full Name of Committee									•			
Committee to Re-elect	Don	Schor	<u>ıhard</u>	t				<u> </u>				
From Whom Received							Prior Am		00.00	Amt. Incurred this Period		
Donald J. Schonhardt										2,0	00.00	7 7 7 1
Address												Outstanding Balance
3750 Cemetery Rd.		In: 0.1					- <u>-</u>	<u> </u>	_			2,000.00
City		Zip Code	_	Loans Received This Period			A	Payments This Period			nents This Period Amount	
Hilliard	ÜН	43026		17	Date D	Y	I.	Amount	Date M D Y			Amount
Incurred " " " " " " " " " " " " " " " " " " "	M 0 3	$\begin{bmatrix} 0 \\ 0 \end{bmatrix} 9$	$\begin{vmatrix} \mathbf{v} \\ 0 \end{vmatrix} 1$	М			ľ					
Registration Number, if PAC				М	D	Y			М	D i	Y	
Employer/Occupation/Labor Organization*	\\			М	D !	Y			M	D I	Y	
From Whom Received	_							<u> </u>	Prior Am	gunt		Amt. Incurred this Period
Donald J. Schonhardt								į	1	1	00.00	
Address 3750 Cemetery Rd.								X*.	-		Outstanding Balance 100.00	
City	State	Zip Code		Loan	ns Receive	d This P	eriod		Payments This Period			ments This Period
Hilliard	ΟН	43026	5		Date			Amount		Dat	te	Amount
Date Loan was originally Incurred	м 0 2	D 0 2	$\begin{vmatrix} \mathbf{y} \\ 0 \end{vmatrix}_1$	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC			<u> : -</u>	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	T		М	D	Y	
From Whom Received	_			<u> </u>	<u> </u>	<u> </u>	•		Prior Am	nount	•	Amt. Incurred this Period
Address									· .	•. • • •	¥.	Outstanding Balance
City	State	Zip Code		Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	М	Ð	Y	М	D	Ā	\$		М	Ð	Y	\$
Registration Number, if PAC	<u> </u>	•	•	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*		·		М	D	Y			М	D	Y	
					<u>'</u>	 -		1		<u>.</u>	•	

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 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 S		0.00	(also record on Form 31-E
4	Total Outstanding Balance \$		00.00	(To Form No. 30-A)