| Page | |
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Statement of Loans Received

Prescribed by Secretary of State3/05

| | | _ | | | | | | | | | | | | | | |
|---|----------------------------------|---------------------------------|-------------------------------|---------------------------------|--|----------|-------|-----------|-----------------|--|----------------------|-----------------------------------|-----------|------------|--|--|
| Full Name of Committee | - ناما. | | Dent | | | : | | | | | | | | | | |
| Franklin County Repu | IDIIC | ın | rart | y - <u>C</u> a | ımpa | ign | - | | | | lo. | | nount | | Amt. Incurred this Period | |
| From Whom Received | | | | | | | | | | | | OF AIT | | 00.00 | Amt. Incurred this Period | |
| Citizens for Bill Schuck | | | | | | | | | | | | | 1,0 | 00.00 | Outstanding Balance | |
| 865 Macon Alley | | | | | | | | | | | | | | | 1,000.00 | |
| City | State | Ž | ip Code | | Le | A | | ed This | Period | | | | | Pen | nertis This Period | |
| Columbus | OIF | <u> 1 4</u> | 13206 | ·) | Date Amount | | | | | | | | Dat | e | Amount | |
| | M 0 2 | | D 1 0 | Y 0 0 | М | D | | Y | \$ | | N | | D | Y | S | |
| Registration Number, if PAC | <u> </u> | | | <u> </u> | М | D | | Y | | | N | 1 | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | | D | | Y | | | → | 1 | D | Y | | |
| From Whom Received | | | | | | | | <u></u> | <u></u> | | Pri | ог Ал | nount | <u></u> | Amt. Incurred this Period | |
| Address | | | | | | | | | | | | | | | Outstanding Balance | |
| City | State | Z | ip Code | 1 | Leans Residual This Period Date Amount | | | | | | | Paymente This Period Date Amount | | | | |
| | М | 1 | D | Y | М | D | ***** | Y | \$ | | ~ | ı | D | Y | S | |
| Registration Number, if PAC | L | | | | М | D | | Y | | - | ^ | ı | D | Y | | |
| Employer/Occupation/Labor Organization* M D Y | | | | | | | | | \ \ \ | 1 | D | Y | | | | |
| From Whom Received | | | | | | | | | Pri | Prior Amount Amt, Incurred this Period | | | | | | |
| Address | | | | | | | | | | | | | | | Outstanding Balance | |
| City | State | Z | ip Code |) | L | are A | | ed This | Period | | Payments This Period | | | | | |
| | | | | | | Da | ate | | | Amount | | | Dat | | Amount | |
| parties and the second | М | | D | Y | M | D | : | Y | \$ | | ٨ | 1 | D | Y | S | |
| Registration Number, if PAC | | | | | М | P | | Y | | | ٨ | 1 | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | | D | - | Ÿ | | | N | • | D | Y | | |
| * Required for contributions over \$100 to if any, rather than employer should be a the employees are members, if any, mu- if a loan is forgiven, write "Forgiven" in Transfer total of all payments made in to | isted. If ist appe the "Ou | two er. tsta | ormore R.C. 35 anding B | e employ 17.10(B salance* | rees dor)(4) space. | nate via | a pa | yroli dec | duction | and exceed the a | iggrega od to th | te of e Sta | \$100, th | e labor of | organization of which Income (Form No. 31-A-2). | |
| Total prior amount \$ | | | | 00.00 | | or rondo | | , | J. 0 (- U, | . Hallold Four | | 9 | 55.2.1.00 | | , , , , , , , , , , , , , , , , , , , | |
| Total received this period \$ | | | | - | 0.00 | (To | For | m No. 3 | 1- A- 2) | | | | | | | |
| 3 Total Payments this Perior | | 0.00 (also record on Form 31-B) | | | | | | | | | | | | | | |
| 4 Total Outstanding Balance \$ | | | | 1,0 | 00.00 | (To | For | m No. 3 | 0-A) | | | | | | | |