Statement of Loans Received

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Prescribed by Secretary of State 3/05

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Full Name of Committee Franklin County Republica	n Dartu											
	пгану						(No.)					
From Whom Received Citizens for Bill Schuck						Prior Amount \$1,000.00			Amt. Incurred this Period \$0.00			
Address 865 Macon Alley										Outstanding Balance \$1,000.00		
City Columbus	St ate OH	Zip Code 43206		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was originally Incurred	м 0 2	D 1 0	0 O	M	D	Y	\$	AMAMA	M	D	Y	\$
Registration Number, if PAC	<u> </u>	<u> </u>		М	D	Y		···· ·· · · · · · · · · · · · · · · ·	М	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y			М	D	Y		
From Whom Received				Measure is a second			ter The second section of the sectio		Prior Amount Amt. Incurred this Period			Amt. Incurred this Period
Address						***************************************			149			Outstanding Balance
City	St ate OH	Zip Code		D	Loan Date	s Recei	ved This Po	eriod Amount		l Date	Payments	This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	9		М	D	Y	\$
Registration Number, if PAC	1			М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
From Whom Received					adinamenta de caración	nt-successionen			Prior Am	iount	in de la companya de	Amt. Incurred this Period
Address			***************************************				*********					Outstanding Balance
City	St ate OH	Zip Code		D	Loan Date	s Recei	ved This Po	eriod Amount		I Date	Payments	This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC			М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
* Required for contributions from inc	dividuals o	over \$100 to	statewic	le and ge	eneral as	sembly	candidate	es. If contribu	tor is self-	-employe	d, the oc	cupation and the name of

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 \$\$1,0	00.00	
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)

^{*} Required for contributions 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)]