31-C
R.C. 3517.10

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# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee
Franklin County Republican Party

From Whom Received
Citizens for Bill Schuck

Address
865 Macon Alley

City: Columbus | State: OH | Zip Code: 43206

Prior Amount: $1,000.00 | Amt. Incurred this Period: $0.00 | Outstanding Balance: $1,000.00

| Date Loan was originally Incurred | Registration Number, if PAC | Employer/Occupation/Labor Organization* | Loans Received This Period: Date | Loans Received This Period: Amount | Payments This Period: Date | Payments This Period: Amount |
|---|---|---|---|---|---|---|
| M 0 2 D 1 0 Y 0 0 | | | | $ | | $ |

From Whom Received

Address

City | State: OH | Zip Code

Prior Amount | Amt. Incurred this Period | Outstanding Balance

| Date Loan was originally Incurred | Registration Number, if PAC | Employer/Occupation/Labor Organization* | Loans Received This Period: Date | Loans Received This Period: Amount | Payments This Period: Date | Payments This Period: Amount |
|---|---|---|---|---|---|---|
| | | | | $ | | $ |

From Whom Received

Address

City | State: OH | Zip Code

Prior Amount | Amt. Incurred this Period | Outstanding Balance

| Date Loan was originally Incurred | Registration Number, if PAC | Employer/Occupation/Labor Organization* | Loans Received This Period: Date | Loans Received This Period: Amount | Payments This Period: Date | Payments This Period: Amount |
|---|---|---|---|---|---|---|
| | | | | $ | | $ |

* 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)]

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).

Total prior amount $ $1,000.00

Total received this period $ $0.00 (To Form No. 31-A-2)

Total payments this period $ $0.00 (To Form No. 31-B)

Total Outstanding Balance $ $1,000.00 (To Form No. 30-A)