31-	·C	
R C	3517	10

3 Total Payments this Perior

1 Total Outstanding Balance S \_

			_
Pi	age_	 	

## Statement of Loans Received

				Р	rescribed	by Sec	retary of	State3/05				
Full Name of Committee												<del></del>
Franklin County Re	publica.	n Par	tv - Ca	ımpai	ign							
From Whom Received									Prior A			Amt, Incurred this Period
Citizens for Bill Schuck								1,000.00				
Address												Outstanding Balance
865 Macon Allev	Ctata	Zip Co	<del></del>	<del></del>					_			1,000.00
Columbus	OH		20010110021021110101010						ł	nents This Period Amount		
Date Loan was originally	M	0	TY	M	T D	ΤΥ	13	Amount	M!	D D	TY	S
Incurred	0 2	1 0	1									
Registration Number, if PAC		<u> </u>	<u> </u>	М	D	Y			M	D	Y	
Employer/Occupation/Labor Organi	zation*			М	D	Y			M;	D	Y	
From Whom Received				<b>_</b>	<u> </u>	<u> </u>		···	Prior Ar	nount	1	Amt. Incurred this Period
Address												Outstanding Balance
City	State	Zip Co	de	Lo	ans Recei	ved This	s Period	<del></del>		Payments This Period		
					Date			Amount		Da	te	Amount
Date Loan was originally Incurred	М	D	Y	M	D	Y	s		М	D	Y	S
Registration Number, if PAC		L		M	D	Y			M	D	Y	
Employer/Occupation/Labor Organi	zation*		<del></del>	М	D	Y	1		M	D	Y	
From Whom Received									Prior Ar	nount	1	Amt, Incurred this Period
Address								···				Outstanding Balance
City	State	Zip Co	de	La	Loans Received This Period Date Amount				Payments This Period  Date Amount			
Date Loan was originally Incurred	M	D	Y	М	D	Y	s		М	D	Y	S
Registration Number, if PAC	<u></u>	<b></b>	<del></del>	М	D	Y	†		М	D	Y	
Employer/Occupation/Labor Organi	zation*			М	D	Y	$\dagger$		М	D	Y	
Employer/Occupation/Labor Organi  * Required for contributions over \$1 if any, rather than employer should	00 to statewi		_	sembly	candidat	es. If co		· ·	, occupation	and the	name of	
the employees are members, if any  If a loan is forgiven, write "Forgiven  Transfer total of all payments made	, must appea " in the "Outs	ir. R.C. :	3517.10(B Balance"	space. T	ransfer I	total of a	ill loans i	received this perio	od to the St	atement (	of Other I	ncome (Form No. 31-A-2).
1 Total prior amount \$		1,0	00.00	-								
2 Total received this geriod S				0.00	(To Fo	ırm No	31-A-21					

0.00 (also record on Form 31-B)

1,000.00 (To Form No. 30-A)