

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Re-elect Don Schonhardt												
From Whom Received Donald J. Schonhardt								Prior Amount 2,000.00		Amt. Incurred this Period		
Address 3750 Cemetery Rd.										Outstanding Balance 2,000.00		
City Hilliard		State OH		Zip Code 43026		Loans Received This Period			Payments This Period			
						Date			Date			
						Amount			Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
030901												
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Donald J. Schonhardt								Prior Amount 100.00		Amt. Incurred this Period		
Address 3750 Cemetery Rd.										Outstanding Balance 100.00		
City Hilliard		State OH		Zip Code 43026		Loans Received This Period			Payments This Period			
						Date			Date			
						Amount			Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
020201												
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period			Payments This Period			
						Date			Date			
						Amount			Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

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).

- Total prior amount \$ 2,100.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 2,100.00 (To Form No. 30-A)