Statement of Loans Received

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| | 78 |
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| 79 | |
| Page | |
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| | | | Prescribe | ed by Sec | retary of | State 3/05 | | | | | |
|--|---|--|--|---|---------------------|--|---------------------------------|------------|------------------------|---|--|
| Full Name of Committee | | | | | | | | | | | |
| Franklin County Republic | an Party | | | | | | | | | | |
| From Whom Received | | | | | | | Prior Amount | | | Amt. Incurred this Period | |
| Citizens for Bill Schuck | | | | | | \$1,000.00 | | | \$0.00 | | |
| Address | | | | | | | | | | Outstanding Balance | |
| 865 Macon Alley | | | | | | | | | | \$1,000.00 | |
| City | St atc | Zip Code | | | | | | | | | |
| Columbus | OH | 43206 | l I | Loans Received This Period Date Amount | | | | Date P | ayments : | s This Period Amount | |
| | M | D Y | М | D | Y | \$ | M | D | Y | S | |
| Date Loan was originally Incurred | 0 2 | 1 0 0 0 | | - | | | | | | | |
| Registration Number, if PAC | | | M | D | Y | | М | D | Y | <u> </u> | |
| | | | | - V12/0 | | |) of months | | | | |
| Employer/Occupation/Labor Organizat | Employer/Occupation/Labor Organization* | | | D | Y | | M | D | Y | | |
| | | | | | | | Legal Market | | | | |
| From Whom Received | | | | 4 | . | | Prior Amount | | | Amt. Incurred this Period | |
| | | | | | | | | | | - Applications | |
| Address | | | | | | | | | | Outstanding Balance | |
| | | | | | | | | | | | |
| City | City State 2 | | | | | | Ī | | | | |
| | OH | | l | Loans Received This Period Date Amount | | | Payments This Period Date Amoun | | | This Period Amount | |
| · · · · · · · · · · · · · · · · · · · | М | D Y | M | D | Y | S | M | D | Y | \$ | |
| Date Loan was | | | | 200 | A particular and | | 4 | | | | |
| originally Incurred Registration Number, if PAC | | <u> </u> | M | D | Y | <u> </u> | М | D | Y | | |
| 110000000000000000000000000000000000000 | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | D | Y | | M | D | Y | | |
| | | | | | | | | - | | | |
| From Whom Received | | | 1 | 1 | | | Prior Am | Crint | | Amt_Incurred this Period | |
| | | | | | | | | | | | |
| Address | | | | | | - | | | | Outstanding Balence | |
| | | | | | | | | | | | |
| City St ate Zip Code | | | | | | | | | | | |
| | ОН | | Loans Received This Period Date Amount | | | ed This Period Amount | Psyment Date | | | s This Period Amount | |
| | M | D Y | M | D | Y | S | M | D | Y | S | |
| Date Loan was | | | | | | | | | | | |
| originally Incurred Registration Number, if PAC | | | M | + D | Y | | M | D | Y | | |
| Registration Pumper, it PAC | | | 177 | | | | 102 | | | | |
| Employer/Occamation/Lahor Occamation/Lahor Occamation/Lah | ion* | | M | +- | _ | <u> </u> | Н | D | Y | | |
| Employer/Occupation/Labor Organization* | | | IWL | | 1 | | | | | | |
| * Required for contributions from | indi-121- | Ower CIOO to | do co-1 | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | L . | candidates If something | tor is cale | emnlove | d the on | L cunation and the name of | |
| Required for contributions from the individual's business, if any, | marviausis (ather than e | over 5 too to statew! mnlover should be li | ue and g isted. If t | wo or m | ssembly iore emn | cammuates. II controt lovees contribute via n | avroli ded | oction an | a, uie oc id exceed | cupation and the name of I the aggregate of \$100, the | |
| labor organization of which the e | mployees ar | e members, if any, n | nust also | appear. | [R.C. 3 | 517.10(B)(4)] | | | | | |
| | | | | | | | | shin | ind to th | a Cinternant of Other | |
| If a loan is forgiven, write "Fo Income (Form No. 31-A-2). Tr | rgiven" in i | me "Uutstanding of all ================================== | | Space | ind to t | ict lotal of all loans he Statement of Evo | rccived enditures | (Form) | No 31-1 Ivu 10 01 | ie siaiemem di Omer 3). Transfer Onterandino | |
| Balance to the Cover page (Fo | | | ircus III | mes iki | iu iu | i i minimit u iăți | wreader wil | (x crass t | . vero est 2 "A | ale aromonana er monosarskippile | |
| rummo en mo conser hate (1.0 | 2061 14U. JU | a ngo | | | | | | | | | |
| ¹ Total prior amount \$ \$1 | ,000.00 | | | | | | | | | | |
| | | MANUS COMPANY OF THE STATE OF T | | | | | | | | | |
| ² Total received this period \$ | (To F | (To Form No. 31-A-2) | | | | | | | | | |

(To Form No. 31-B)

(To Form No. 30-A)

\$0.00

\$1,000.00

³ Total payments this period \$

⁴ Total Outstanding Balance \$