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Statement of Loans Received

Prescribed by Secretary of State3/05

| | | | | | | ' | _ | SCH IDEU | | ecit | - Lai y Ui | State5/05 | | _ | | | | |
|---|-----------------------------|-----------------|---|--------------------------------|---------------------------------|------------------------------------|---|--|---------|---------------|--------------------|-----------------------|----------------------|-------|------------|--------|---------------------------|--|
| Full Name of Committee | h.1 | · | D | o mili | | | ~ : · | | | | | | | | | | | |
| Franklin County Re | publ | ICa | ın P | art | y - Ca | ımpa | aış | <u>yn</u> | | | | | In: | _ | | | | 10 |
| Citizens for Bill Sch | From Whom Received | | | | | | | | | | | Prior Amount 1,000.00 | | | | | Amt. Incurred this Period | |
| Address | uck | | | | | | | | | | | | 1 | | 1,0 | UU.U | IU. | Outstanding Balance |
| 865 Macon Alley | | | | | | | | | | | | | | | | | | |
| City | T c | **** | l Zin | Code | | _ | | | | | | | - | | | _ | | 1,000.00 |
| Columbus | State Zip Code O H 43206 | | | | L | OEIT | s Recei | ved I | his | Period | Amount | Paym Date | | | | | ents This Period Amount | |
| Date Loan was originally Incurred | N | 1 | D | | Y 0 0 | М | | D | ۱ ۱ | , | \$ | | М | | D | Y | | \$ |
| Registration Number, if PAC | 0 | 12 | 1 | U | UU | М | + | D | ╁╮ | Ļ | ╂ | | М | ├ | D | Y | | |
| rogisadion number, in 170 | | | | | | " | 1 | Ĭ | ' | | | | " | | ľ | ľ | | |
| Employer/Occupation/Labor Organization* | | | | М | 1 | D | \ | / | | | М | | D | Y | | | | |
| From Whom Received | | | | | | <u></u> | • | | <u></u> | 1 | | | Pric | or An | nount | | | Amt. Incurred this Period |
| Address | | | | | | | | | | | | | | | | | | Outstanding Balance |
| City | S | State Zip Code | | | | | Loans Received This Period Date Amount | | | | | | | | Dat | | ym | ents This Period Amount |
| Date Loan was originally Incurred | N | 1 | D | | Y | М | | D | Y | , | \$ | | М | | D | Y | | \$ |
| Registration Number, if PAC | | -1 | | | - | М | | D | Y | | | | М | | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | М | 1 | D | | } | 1 | <u>-</u> | М | | D | Y | | | | |
| From Whom Received | | _ | | | | | | | - | | | | Pric | or An | nount | - | | Amt. Incurred this Period |
| Address | | | | | | | | | | | | | | | | - " " | | Outstanding Balance |
| City | S | tate | Zip | Code | • | Loans Received This Period | | | | | | | Payments This Period | | | | | |
| | | | | | | | | Date | | | | Amount | | | Dat | е | | Amount |
| Date Loan was originally Incurred | N | 4 | D | | Y _ | М | | D | Y | , | \$ | | М | | Ð | Y | | \$ |
| Registration Number, if PAC | | <u> </u> | | | L | М | + | D | Ý | , | ╅ | | М | - | D | 7 | | <u>-</u> |
| | | | | | | _ | | _ | | <u> </u> | | _ | | | | | | |
| Employer/Occupation/Labor Organi | zation* | | | | | M | ١ | D | ۱ | 1 | 1 | | М | | D | Y | | |
| * Required for contributions over \$1 if any, rather than employer should the employees are members, if any, If a loan is forgiven, write "Forgiven' Transfer total of all payments made 1 Total prior amount \$ | be listed must a | i. If t ppea | two or ar. R.(standi ad to th | more C. 35 ng B ne St | e employ 17.10(B salance" | ees do)(4) space. of Exp | Tra | e via pa ansfer to | otal o | ded of all | luction loans (| and exceed the ago | regat | e of | \$100, the | e labo | er Ir | ganization of which ncome (Form No. 31-A-2). |
| 3 Total Payments this Perior | - | | | | | | _ | (also re | | | | 1-B) | | | | | | |
| • | | | | | 4.00 | | | | | | | , | | | | | | |
| 4 Total Outstanding Balance \$ | | | | | 1.00 | 10.00 |) | (To For | m N | n 30 | 1. Δ1 | | | | | | | |