Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee								
Committee to Re-elect Don Schonhardt								

From Whom Received						Prior Amount	Amt. Incurred this Period	
Donald J. Schonhardt						2,000.00		

Address: 3750 Cemetery Rd. — Outstanding Balance: 2,000.00

City	State	Zip Code	Loans Received This Period			Payments This Period		
Hilliard	OH	43026	Date		Amount	Date		Amount
Date Loan was originally Incurred	M 0 3	D 0 9	Y 0 1	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		

From Whom Received						Prior Amount	Amt. Incurred this Period	
Donald J. Schonhardt						100.00		

Address: 3750 Cemetery Rd. — Outstanding Balance: 100.00

City	State	Zip Code	Loans Received This Period			Payments This Period		
Hilliard	OH	43026	Date		Amount	Date		Amount
Date Loan was originally Incurred	M 0 2	D 0 2	Y 0 1	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		

From Whom Received						Prior Amount	Amt. Incurred this Period	

Address: — Outstanding Balance:

City	State	Zip Code	Loans Received This Period			Payments This Period		
			Date		Amount	Date		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).

1 Total prior amount $ _____2,100.00_____

2 Total received this period $ _____0.00_____ (To Form No. 31-A-2)

3 Total Payments this Period $ _____0.00_____ (also record on Form 31-B)

4 Total Outstanding Balance $ _____2,100.00_____ (To Form No. 30-A)