## Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee		<del></del>										<u> </u>
Franklin County Repu	blica	n Part	v - Ca	ampai	ign							
From Whom Received								Prior An			Amt, Incurred this Period	
Citizens for Bill Schuck									1,000.00			
Address												Outstanding Balance
865 Macon Alley									Dire	3.3		1,000.00
City		Zip Code		Los	ns Recei	ved This	Period				Paym	ents This Period
Columbus		43206			Date			Amount		Dat	·	Amount
Date Loan was originally Incurred	$\begin{bmatrix} M \\ 0 \end{bmatrix} 2$	1 0	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 0$	М	D	Y	\$		M	D	Y	1\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	·
From Whom Received				•	<del></del> -	-		Prior An	าอบถุเ	<del>*</del>	Amt. Incurred this Period	
Address												Outstanding Balance
City	State	Zip Code	:	Loans Received This Period  Date Amount				Payments This Period  Date Amount				
Date Loan was originally Incurred	М	D 	Y	M	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	·	· <del>!</del>	<del></del>	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received				<u>.                                    </u>	<u></u>	<del>.l \                                  </del>	<u> </u>	<del></del>	Prior An	nount		Amt. Incurred this Period
Address			•					,	100		i i	Outstanding Balance
City	State	Zip Code	2	Loans Received This Period Date Amount				Payments This Period  Date Amount				
Date Loan was originally Incurred	М	D	Y	М	D	Y	S		М	D	Y	\$
Registration Number, if PAC				M	Đ	Y	T		М	D	Y	,
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the S	tatement of Other Income (Form No. 31-A-2)
Fransfer 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 \$	1,000.00	
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-F
4	Total Outstanding Balance \$	1,000.00	(To Form No. 30-A)

<sup>\*</sup>Required for contributions over \$100 to statewide and general assembly candidates. It contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear, R.C. 3517.10(B)(4)