31-C R.C. 3517.10 Page <u>15</u>

Statement of Loans Received

Prescribed by Secretary of State 2/01

										_		
Full Name of Committee	D C 1 1 1											
Committee to Re-elect Don Schonhardt									t		Amt. Incurred this Period	
From Whom Received								Prior Amount 2,000.00				
Donald J. Schonhardt									25,0	30.00	Outstanding Balance	
Address											2,000.00	
	3750 Cemetery Rd.							Payments This Period				
City	State Zip Code	Loans Received This Period Date Amount			Date				Amount			
Hilliard	O H 43026	M	Di	ΤY	ß		М	Т	Di	Y	\$	
Date Loan was originally Incurred	1 ** 1 1 1	IVI]	"	•	ľ							
	0 3 0 9 0 1	М	D	YI			М	_	Di	Y		
Registration Number if PAC		I'I		1	1			- 1				
- 10 - 1 N 1 0 - 1 E X		М	D	Y	╅		M	- 1	Di	Y		
Employer/Occupation/Labor Organization*		1,,			-		1	- 1			<u></u>	
* * * * * * * * * * * * * * * * * * *						-	Prior Amount			-	Amt. Incurred this Period	
From Whom Received							100.00			00.00		
Donald J. Schonhardt												
3750 Cemetery Rd.											100.00	
City Carrietery INC.	State Zip Code	Loan	ns Receiv	ed This F	eriod		Payments This Period					
Hilliard	OH 43026						Date			te	Amount	
Date Loan was originally		М	D	Ϋ́	\$		М		DΙ	Y	\$	
Incurred	020201				:							
Registration Number, it PAC	1012[012]011	М	D	Ý			M		D	Y		
Kedixt auni i danaci, it i xe												
Employer/Occupation/Labor Organization*		M	D	Y	┪		М		D	Y		
Employet Decopation Education Constitution								L	<u> </u>	<u> </u>		
From Whom Received								Amou	nt		Amt. Incurred this Period	
Lifth Adulti recence												
Address	-					,					Outstanding Balance	
Hadress											<u> </u>	
City State Zip Code Loans Received This Period								Payments This Period				
City			Date Amount						Da		Amount	
Date I oan was originally	M D Y	M!	D	Y	\$		М		D	Y	\$	
Date Loan was originally										1		
Registration Number, if PAC	- 1 ! ! !	М	D	Y			M		Ð	Y		
i i i i i i i i i i i i i i i i i i i										1		
Employer/Occupation/Labor Organization*		М	D	Y	丁		М		D	Y		
Birgioyoti O boogonii aaaaa oo garaasaa					1							

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 \$	2,10	00.00	(To Form No. 30-A)