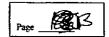
Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee							-				
Schott	· Q:	for G	5 C								
From Whom Received		++1-0	<u>, </u>				Prior Amo	unt		Amt. Incurred this Period	
Address									1,000		
4912 MC Nultust.										Outständing Balance	
GROVE CITY OH 43123				Loans Received This Period Date Amount				Payments This Period Date Amount			
	M	D _i Y _i	M	D _i	Y	\$	М	D	Y	S	
Date Loan was originally incurred	03	객 /5	0 3	24	15	1,000					
Registration Number, if PAC			М	D	Y	,	М	D	Y		
Employer/Occupation/Labor Organization*				D	Y		<u> </u>	D	Y		
5 NO 5 / 1											
From Whom Received							Prior Amo	mı		Amt. Incurred this Period	
Address			•		·	,				Outstanding Balance	
City St zte Zip Code				1							
			Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was	М	D Y	M	D		S	М	D	Y	S	
originally Incurred Registration Number, if PAC	l		M	D	I Yı		M	D	Yı	<u> </u>	
Employer/Occupation/Labor Organization	ı•		M	D	٦		М	D	Y	. "	
From Whom Received			1!	<u> </u>			Prior Amo	uni I		Amt. Incurred this Period	
Address										Outstanding Balance	
City	St ate	Zip Code	Loans Received This Period Date Amount				Payments This Period :. Date Amount				
Date Loan was	М	D Y	M	D	Y	S	м	D	Y	s	
originally Incurred Registration Number, if PAC			M	D	Y,		М	D	Yı		
Registrati Number, II FAC			"	$ $ $ $				ĺ]]		
Employer/Occupation/Labor Organization	n [‡]	- ·	M	D	Ÿ		М	D	Y		
* Required for contributions from inc	lividuals (wer \$100 to statewi	de and o	eneral ass	embly	candidates If contribut	or is self-e	mplove	d the no	curation and the name of	
the individual's business, if any, ratl labor organization of which the emp	her than er	mployer should be li	isted. If t	wo or mor	e empl	loyees contribute via pa					
If a loan is forgiven, write "Forgi	iven" in t	he "Outstanding I	Balance	" space. '	Fransf	er total of all loans r	eceived t	nis peri	od to the	e Statement of Other	
Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total	of all payments n									
¹ Total prior amount \$	<u> </u>										
² Total received this period \$											
Total received this period 3	100	0,00	_ (To F	orm No. 3	31-A-	2)					
³ Total payments this period \$		0,00	_	orm No. : To Form							