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## **Statement of Loans Received**

Prescribed by Secretary of State3/05

Full Name of Committee											*		
Citizens to Elect Mike	Scha	<u>de</u> k											
From Whom Received Linda Wiget		-							Prior An	nount	0.00	Amt. Incurred this Peri	od 5.00
Address											0.00	Outstanding Balance	5.00
154 Piedmont Road	<b>a</b>	<b>.</b>											0.00
<sup>City</sup> Columbus		Zip Code 43214		Loar	as Receiv Date	ed This l	Period	Amount		Date		nents This Period Amount	
ម្នាក់ ស្វេស ស្ថិត សេស្ត្រី នៅថ្ងៃ	М	D	Y	М	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC	0 1	1 9	1 9	0 1 M	1 9	1 9		5.00	1	1 9	1 9	<b>'  </b>	5.00
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
From Whom Received							<u> </u>		Prior An	nount		Amt. Incurred this Peri	od
												_	
Address												Outstanding Balance	
City	State	Zip Code		Loar	ns Receiv	ed This l	Period				Payn	nents This Period	
Daretoan was originally	М	D	Y	М	Date D	Y	I¢.	Amount	М	Date D	e Y	Amount	
Infairer: (c)		Б	•	1	D	•	<b>"</b>		141	В	•		
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	Ϊ	
From Whom Received				•					Prior An	nount		Amt. Incurred this Peri	od
Address												Outstanding Balance	
City	State	Zip Code		Loar	ns Receiv	ed This l	Period				Payn	nents This Period	-
****		_			Date		1.	Amount		Date	•	Amount	
Dagateris ver objektelit.	M	D	Y	М	D	Y	S		М	D	Y	\$	
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				м	D	Y			м	D	Y	1	
1 Cropping 2 and C. Bantanion						•			111				

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. If 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)

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 \$	0.00		
2	Total received this period \$		5.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		5.00	(also record on Form 31-B)
4	Total Outstanding Balance \$		0.00	(To Form No. 30-A)