Statement of Loans Received

Prescribed by Secretary of State3/05

		,										
Full Name of Committee Franklin County Repu	ıblica:	n Part	v - Ca	mpai	gn_							
From Whom Received							Ртіог А			Amt. Incurred this Period		
Citizens for Bill Schuck									1,0	00.00		
Address									4		: .	Outstanding Balance
865 Macon Alley		,									4	1,000.00
City Columbus	State OH	Zip Code 43206		Loa	Loans Received This Period Date Amount				Paym Date			ents This Period Amount
Date Loan was originally	М	D	Y	M	D	Y	\$		M	D	Y	\$
Incurred	0 2	1 0	0 0							<u> </u>		
Registration Number, if PAC				M	D 	Y 			М	D 	Y 	
Employer/Occupation/Labor Organization*				M	D	Y 			М	D	Y	
From Whom Received						Prior Amount			Amt, Incurred this Period			
Address Outstanding Balance												
City	State	Zip Code		l.oa	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC	<u>, </u>	}	1	1 	D	Y	<u> </u>		 	D	Y	
Registration Number, it PAC	_			IVI	ו	1			М		'i	
Employer/Occupation/Labor Organization*	:			M	D	Y 			М	D	Y	
From Whom Received	- Mar N. A. N. N. N.	***	-	•		•	- L		Prior A	mount	· ·	Amt. Incurred this Period
Address									, and			Outstanding Balance
City State Zip Code			Loans Received This Period					Payments This Period				
				Date Amount				Date			Amount	
Date Loan was originally Incurred	М	D	Y	M	D	Y	S		M	Б 	Y 	·\$
Registration Number, if PAC				М	D 	Y			М	Ď	Y	
Employer/Occupation/Labor Organization*			M	D	Y	<u> </u>		М	D	Ϋ́		
* Pagnirad for contributions area \$100 to a	4-4id				16	.9			1.0	-64	and a desired	L. charac

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	e (Form No	s. 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-E
4	Total Outstanding Balance \$	1,000	0.00	(To Form No. 30-A)

^{*} 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)