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Statement of Loans Received

Prescribed by Secretary of State3/05

.													_			
Full Name of Committee											-					
Franklin County Repu	ıblica	ın Part	y - Ca	ımpa	ign				Defea	A			Amt Is	ncurred this Period		
From Whom Received Citizens for Bill Schuele								Prior Amount 1,000.00				[Atta. 11	iculted this reside			
Citizens for Bill Schuc	К					_					Lyth	00.00	Outstan	nding Balance		
865 Macon Alley														1,00		
City State Zip Code Loans Received This Period									Payments This Period							
Columbus	OH 43206				Date	IVÇU I III	S 1 C1100	Amount		Date				Amount		
Date Loan was originally	М	D	ÎΥ	М	D	Y	\$	·	М	П	D	Y	\$			
Incurred 162 0 182 182	0 2	10	010		1 1											
Registration Number, if PAC	·	1		М	D	Y			М		D _.	Y		•		
										_		\perp	↓			
Employer/Occupation/Labor Organization*				М	D	Y			М		D	Y				
					1 !	<u> </u>			Prior	A			(Amt. 1	ncurred this Period		
From Whom Received									FILO	MIIIO	unt		Zana. 1	neurica (illa i crioc		
Address													Outsta	nding Balance		
riddies.									*							
City	Zip Cod	e	Loans Received This Period					Payments This Period								
		Ì			Date Amount					Date				Amount		
Date Loan was originally	М	D	Y	М	D	Y	\$		М		D	Y	\$			
Incurred		<u> </u>				<u> </u>						<u> </u>	—			
Registration Number, if PAC				M	D	Y			М	1	D	Y	1			
					+ !-	$\frac{1}{Y}$	- -		М	\dashv	D D	Y	-			
Employer/Occupation/Labor Organization*				М	D I	',	1				ĺ	l i	İ			
From Whom Received			_						Prior	Λmo	ount	<u> </u>	Amt.	ncurred this Period		
Tom Whom Received									- 1							
Address													Outsta	nding Balance		
ŧ		_														
City	State	Zip Coo	ie	Loans Received This Period					•				ments T	ments This Period		
	┵			1	Date			Amount	Date				Amount			
Date Loan was originally Incurred	M	D	Y	М	ט	Y	2		М		D I	Y	3			
* 2 *	<u> </u>			M		<u> </u> Y			M		<u></u>	Y	+			
Registration Number, if PAC				I WI	Ιĭ	'1	1		'''		ĺ					
Employer/Occupation/Labor Organization				М	D	Y	_		М		D	Y	-			
;					1						1					
*Required for contributions over \$100 to a if any, rather than employer should be listed the employees are members, if any, must a	d. If two	ormore en	nployees (ly candic	lates. If co	ontributo leduction	r is self- and ex	employed, occupation	n and the t	name : labo	of the ir	dividual zation of	's busines which	is.		
	**			T	£	c 11 1		ul thin parioul to the t	Cintamant	of O	her Inco	me (For	m No 31	-A-2)		
If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this	period to	anding Bal o the State	ment of E	e. Frans genditur	es (Form	No. 31-E	s receive l), Trans	fer Total Outstanding	g Balance	to the	e cover p	nage (Fo	rm No. 30)-A).		
1 Total prior amount \$		1,0	00.00	_												
2 Total received this period \$		<u> </u>		0.00)_ (To F	orm No.	31-A-2)								
3 Total Payments this Period \$	0.00 (also record on Form 31-B)															
4 Total Outstanding Balance \$	1,000.00 (To Form No. 30-A)															