Page_	

## **Statement of Loans Received**

Prescribed by Secretary of State3/05

Full Name of Committee			_																
Franklin County Repu	ıblio	car	<u>ı Pa</u>	rty - C	amı	<u>pai</u>	gn								_				
From Whom Received	_													Prior A	mo				Amt. Incurred this Period
Citizens for Bill Schuc	<u>k</u>															1,0	00.0	)()	
Address																			Outstanding Balance
865 Macon Alley																			1,000.00
City	State Zip Code Loans Received This Period										Paymen					ents This Period			
Columbus	$ \mathbf{O} $	OH 43206 Date Amount						Amount	Date					Amount					
Date in the was originally	М		D	Y	М		D	1	1	Υ	\$	5		М	1	D	) Y		\$
interior de la companya de la compan	0	2	1	0 0 0							L						L		
Registration Number, if PAC					М		D	1	1	Υ	1			М	١	D	Y		1
									L						L		Ь.		
Employer/Occupation/Labor Organization	on*			-	М		D	1		Υ	I			М	1	D	Y	.	
		_					L.								1		<u>L</u>		<u></u>
From Whom Received	_													Prior A	lmo	unt			Amt. Incurred this Period
														_			_		
Address																			Outstanding Balance
City	State Zip Code							ecelv	ved	This	Pe	riod		Payments This Period					
					1_			ate	_		_		Amount	<u> </u>		Da	_		Amount
Date Loan was originally	М		D	Y	М		ם ן	)		Y	\$	6		М		D	Y		\$
hicaned 2		ليا			4_	_	L		┺		4				4		╄-	\	
Registration Number, if PAC					М		D	)	ı	Υ	ı			М	1	D	Y	1	
<u> </u>					<b>↓</b>	_	<u> </u>		┺	Щ.	4			<b>I</b>	$\bot$		╄.		<u> </u>
Employer/Occupation/Labor Organizati	on*				М		] [	)		Y	ı			М	1	D	Y	ı	
		_					乚		L		_			5.	_	<u> </u>			A set in a second this Desired
From Whom Received														Prior A	١mo	unt			Amt. Incurred this Period
						_								_					Outstanding Dalance
Address																			Outstanding Balance
City	60	oto	Zin C	odo	т-	-			4	Thi		-1-4					-		nents This Period
City	31	ale	Zip Code Loans Received This Per lod Date Amount							Amount	Date					Amount			
Date Loss was originally	м	_	D	ΤY	М	ı .	T	_	Т	Y	19		Airiount	м	Т	D	Ť	,	\$
Incurred	<b>'</b> ''		١	15	1 "	1	١	ĺ	1		ľ	,		1 "	-1	i	1 '	1	ľ
Registration Number, if PAC					+-	_	╁		╁	┰┷	╅			М	+	<del></del>	╅	<del></del>	<del> </del>
Registration Number, II FAC					"	'}	۱ ۲	]	ł	'n	ł			""	1	Ĭ	1	I	
Employer/Occupation/Labor Organizati	on*				T <sub>M</sub>	$\vdash$	1		╁	Y	╅			м	╁	D	╅	,	<del> </del>
Employen Occupation/Labor Organizati	OII				"	Ί.	۱۲	1	Į.	'n	ł			'"	- {	1	1	ì	
<u> </u>	_	_					Щ.			_						_	4		<u></u>
* Required for contributions over \$100 to		أستحد	da an	d aanaral :		.hlv.	aandi	idate		If on		hutar i	colf amplayed a	connetic	.n a	nd the	nami	e of t	the individual's business
if any, rather than employer should be I																			
						dona	ate v	ара	ayıc	on ae	au	Clion a	na exceed the agg	regate	OI J	100, (1	ie iau	01 01	rganization of which
the employees are members, if any, mu	ıst ap	opea	r. H.C	. 3517.10(	D)(4)														
<b>:</b>																			·=
If a loan is forgiven, write "Forgiven" in																			
Transfer total of all payments made in t	his pe	erio	i to th	e Stateme	nt of E	xpe	nditu	res	(Fo	rm N	lo.	31-B).	Transfer Total Out	standin	g Ba	alance	to th	e co	ver page (Form No. 30-A).
			1	000 00															
1 Total prior amount \$				<u>,000.00</u>	_														
•					Ω	nΛ	_	_											
<sup>2</sup> Total received this period \$					υ.	υU	_ (To	ΡO	rm	No. 3	31-/	A-2)							
2					Δ	ሰሰ					_		<b>n</b> )						
<sup>3</sup> Total Payments this Perior		_			U.	UU	- (al	SO TE	eco	rd or	١F٥	orm 31	-B)						
				1 (	ነበሳ	ሰሰ		_											
4 Total Outstanding Balance \$					000.	υŲ	_ (T	o Fo	rm	No.	30-7	A)							