31-C R.C.3517.10

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Statement of Loans Received

Prescribed by Secretary of State 2/01

| Full Name of Committee | | | | | | | | | | _ | | |
|---|-------|---|---|--|---|-----|----------|-----------------------------------|----------------------|--------|---------------------------|-----------------------------|
| | Don | Schoo | nhard | + | | | | | | | | |
| Committee to Re-elect Don Schonhardt | | | | | | | | Prior An | noemt | | Amt. Incurred this Period | |
| Donald J. Schonhardt | | | | | | | | | 1100 | | 00.00 | ZINK. Zhouttou diis 1 Otiog |
| Address | | | | | | | | | <i>ــر</i> | 00.00 | Outstanding Balance | |
| 3750 Cemetery Rd. | | | | | | | | | | | | 2,000.00 |
| City | State | Zip Code | | Loans Received This Period | | | | | Payments This Period | | | |
| Hilliard | | 4302 | | | Date Amount Date | | | | | Amount | | |
| Date Loan was originally Incurred | M | $\begin{vmatrix} \mathbf{D} \\ 0 \end{vmatrix} 9$ | $\begin{vmatrix} \mathbf{y} \\ 0 \end{vmatrix}$ 1 | М | D | Y | \$ | | М | D | Y | \$ |
| Registration Number, if PAC | 0 3 | 0 9 | 0 1 | М | D | У | | | М | D | Y | |
| Registration Number, it I HC | | | | IVI | " | 1 | | | M | b | 1 | |
| Employer/Occupation/Labor Organization× | | | | М | D | Y | | | М | D | Y | |
| From Whom Received | | | | | | | <u> </u> | | Prior An | nount | | Amt. Incurred this Period |
| Donald J. Schonhardt | | | | | | | | | 1 | 00.00 | | |
| Address | | | | | | | | | | | | Outstanding Balance |
| 3750 Cemetery Rd. | | | | | | | | | | | | 100.00 |
| City | State | Zip Code | | Loans Received This Period | | | | | Payments This Period | | | |
| Hilliard | OH | 4302 | 6 | | Date | | Amount | | Date | | , | Amount |
| Date Loan was originally | М | D | Y | М | D | Y | \$ | | М | D | Y | \$ |
| Incurred | 0 2 | 0 2 | 0 1 | 1 | 1 |] . |] | | | | | |
| Registration Number, if PAC | | | | М | D | Y | | | М | D | Y | |
| Employer/Occupation/Labor Organization* | | | | М | D : | Y | 1 | | М | D | Υ. | |
| | | | | | | | | | | | | |
| From Whom Received | | | | | | | | | Prior An | nount | | Amt. Incurred this Period |
| Address | | , | | | *************************************** | | | | | | | Outstanding Balance |
| City | State | Zip Code | | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | | |
| Date Loan was originally Incurred | М | D | Y | М | D | Y | \$ | | М | D | Y | \$ |
| Registration Number, if PAC | | | | М | D | Y | | | М | D | Y | |
| Employer/Occupation/Labor Organization× | | | М | D | Y | | | М | D | Y | | |
| | | | | | | | | | | | | |

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 \$ | 2,100.00 | |
|---|-------------------------------|----------|---------------------------|
| 2 | Total received this period \$ | 0.0 | (To Form No. 31-A-2) |
| 3 | Total Payments this Period \$ | 0.0 | (also record on Form 31-B |
| 4 | Total Outstanding Balance \$ | 2,100.0 | O (To Form No. 30-A) |