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## **Statement of Loans Received**

Prescribed by Secretary of State3/05

Full Name of Committee	.1.1:	- D ·														
Franklin County Repr	ablica	n Party	- Cai	mp	aıg	ζn					Drien .	\		-1.	Variable Indiana	
Citizens for Bill Schuck								Prior Amount 1,000.00				Arnt. Incurred this Period				
Address													000.0	_	Outstanding Balance	
865 Macon Alley														ď	1,000.0	
Colombia	State Zip Code Loans Received This Period							Payments This Period								
Columbus	OH		3206   Date   Amount     D   Y				Amount			ate	_	Amount				
	0 2		0	IVI	- 1	D	'		\$		М	D	Y	\$	•	
Registration Number, if PAC	<u> </u>	2,000	1	М	十	D	+	7	I		М	D	+	╅		
					┙											
Employer/Occupation/Labor Organizati	on*			М		D	\	1			М	D	Y			
From Whom Received		· · · · · · · · · · · · · · · · · · ·				<u> </u>	丄		J		Prior A	Amount		+	unt. Incurred this Period	
											FIIOI	anount		ľ	unt. Incurred this Period	
Address	11									<del> </del>				o	Outstanding Balance	
City	State	Zip Code												Ļ		
		Lip Gode	ı	Loans Received This Period  Date Amount						Amount	Payn Date				nents This Period Amount	
Date Loan wie migmally	М	D ,	7	М	Т	D	TY	,	\$		М	D	Y	\$	Amount	
inequed?					_		<u> </u>									
Registration Number, if PAC				М	1	D	Y	<b>/</b>	j		М	D	Y			
Employer/Occupation/Labor Organizati	on*	<del> </del>		М	+	D	Y	<del> </del>	<del>                                     </del>	·	M		T Y	╬	· · · · · · · · · · · · · · · · · · ·	
						1		-			"		1 1	ı		
From Whom Received										·	Prior A	mount		A	mt. Incurred this Period	
Address		-														
															utstanding Balance	
City	State	State Zip Code Loans Received This Period							Payments This Period							
Date look was originally			_	Date Amount					Date				Amount			
lettered :	M	D		М		D	Y	,	\$		М	D	Y	\$		
Registration Number, if PAC				М	╁	D	+ 7	,	-		M	D	+	╁		
					1											
Employer/Occupation/Labor Organization	n*			М		D	Y				М	D	Y	╅	·	
						i			<u></u>							
* Required for contributions over \$100 to	n statewic	le and denor	al acce	amble	,	ndidata	ac 16.	~~ <del>-</del>	ribu*	is salf annuluur 1				.4.11	to divide a final section of	
if any, rather than employer should be li	sted If tw	o ormore en	ai asse mlove	es do	, car nate	via na	es. II ( avroll	ded ded	ributor Liction :	is sell-employed, i and exceed the ac	occupatioi	n and the f¢100 H	name o	or the	individual's business,	
the employees are members, if any, mu						, via pe	. y. o.,	ucu	uciron (	and exceed the ag	gregate o	1 <b>4</b> 100, u	ie ianoi	orga	mzation of which	
If a loan is forgiven, write "Forgiven" in t	he "Outst	anding Balar	nce" sp	ace.	Trar	nsfer to	otal o	f all	loans n	eceived this period	d to the St	atement	of Other	Inco	me (Form No. 31-A-2).	
Transfer total of all payments made in the	is period	to the Stater	ment of	f Exp	endi	itures (	(Form	ı No	. 31-B).	Transfer Total O	utstanding	Balance	to the c	over	page (Form No. 30-A).	
1 Total prior amount \$		1,000.0	00													
			_													
Total received this period \$			(	0.00	<u> </u>	To For	rm No	o. 31	-A-2)							
3 Total Daymonte Mile Deste			r	) (()	١ ,				_							
Total Payments this Perior				).UU	<u> </u>	also re	cord	on F	Form 31	1-B)						
4 Total Outstanding Balance \$		1	1,000	00.0	- ر	To For	rm No	30	-A)							