## **Statement of Loans Received**

1 Page \_\_\_\_\_

Prescribed by Secretary of State 3/05

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Full Name of Committee Franklin County Republic	an Party -	Campaign									
From Whom Received Citizens for Bill Schuck							Prior Amount \$5,000.00			Amt. Incurred this Period \$0.00	
Address 865 Macon Alley										Outstanding Balance \$5,000.00	
City Columbus	St ate OH	Zip Code 43206		Loans Received This Period  Date Amount			Payments This Period Date Amount				
Date Loan was	0 2	1 1	0 M	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC			М	D	Y		М	D	Y		
Employer/Occupation/Labor Organizat	tion*	· · · · · · · · · · · · · · · · · · ·	М	D	Y		М	D	Y		
From Whom Received Ohio Republican Party							Prior Amount \$33,500.00			Amt. Incurred this Period \$0.00	
Address 211 South Fifth St.										Outstanding Balance \$33,500.00	
City Columbus	St ate OH	Zip Code 43215		Loans Received This Period Date Amount				Payments This Period  Date Amount			
Date Loan was originally Incurred	м 1 0	2 7 9	3 M	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		
From Whom Received				<u> </u>			Prior Amount			Amt. Incurred this Period	
Address										Outstanding Balance	
City	St ate   Zip Code   OH			Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	M	D	Y M	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC			М	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
* Required for contributions from	individuals o		tewide and		ssembly	candidates. If contribu	itor is self	-employe	ed, the o	ccupation and the name of	

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 Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ \$38,500.00	
<sup>2</sup> Total received this period \$\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ \$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ \$38,500	0.00 (To Form No. 30-A)

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]