31-C R.C.3517.10

Statement of Loans Received

Prescribed by Secretary of State 2/01

·-					Trojerie	,,,		,									
Full Name of Committee	_																
Committee to Re-elect	: Don	Scho	<u>nhard</u>	<u>t</u>				_			In :					Tira	101.75 1.1
From Whom Received								Prior	Prior Amount				Amt. Incurred this Period				
Donald J. Schonhardt									2,000.00				2				
Address																Outstanding B	
3750 Cemetery Rd.		In: a v															2,000.00
City		Zip Code		Loans Received This Period											ments This Period		
Hilliard		4302		1	Da	rte .				Amount					Amount		
Date Loan was originally Incurred	м 0 3	$\begin{bmatrix} D \\ 0 \end{bmatrix} g$	$\begin{vmatrix} \mathbf{v} \\ 0 \end{vmatrix}_1$	М	D		Y	Š	\$		М					\$	
Registration Number, if PAC				М	D		Y				М			Y			
Employer/Occupation/Labor Organization*			•	М	D		Y				М		7	Y			
From Whom Received											Prior	Amoun		•		Amt. Incurred	lthis Period
Donald J. Schonhardt						100.00				00							
Address								Outstanding Balance									
3750 Cemetery Rd.																	100.00
City	State	Zip Code		Lo	ans Rec	eived	This P	errioc	d		Payments This Period						
Hilliard						Amount	Date				,	Amount					
Date Loan was originally Incurred	м 0 2	D 0 2	$\begin{bmatrix} \mathbf{y} \\ 0 \end{bmatrix}_{1}$	М	D		Y	\$	\$		М			У		\$	
Registration Number, if PAC				М	D		Y	1			М	1		Y			
Employer/Occupation/Labor Organization*				М	D		Y				М		P	Ÿ			
From Whom Received							'				Prior	Amoun	,			Amt. Incurred	this Period
Address															•	Outstanding B	alance
City	State	Zip Code	.	Loans Received This Period					Pay Date					ments This Period			
		 	1 77		Da	te				Amount						14	Amount
Date Loan was originally Incurred	М	D	Y	М	D		Y	Į,	\$		М			Y		2	
Registration Number, if PAC				М	D		Y		. —		М			У			
Employer/Occupation/Labor Organization×				М	D		Y	1			М			Y			
													ı	1	!	I	. —

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 \$	- true	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	2,10	00.00	(To Form No. 30-A)