

## **Statement of Loans Received**

Franklin County Republican Party - Campaign From Whom Received Citizens for Bill Schuck								Prior A	Prior Amount Amt. Incur			curred this Period
Address	<del></del>						1,000.00					
865 Macon Alley	<del>-, -</del> -										Outstand	ling Balance
<u>Columbus</u>		e Zip Code H 43206	L	oans Rece		is Perioc			· · .	Pai	ments This	1,000.0
Date Loan was originally	≅l M	D Y	M	Date D	Y		Amount		D:	ate		Amount
ncurred	0	2 1 0 0			1	\$		М	D_	Y	\$	
egistration Number, if PAC			M	D	Y	+-		M	D	Y	<del>- </del> -	
mployer/Occupation/Labor Organization	*									1 1	i	
			М	D	Y	ł	· · · · ·	М	D	Y	<del> </del>	
om Whom Received				4				D		<u> </u>	<del> </del>	
ddress								Prior Ai	nount		Amt. Incu	urred this Period
								a	4		Outstandi	ng Balance
ty	State	Zip Code		D					<u>L</u>			B WILLIAM
}				ans Recei Date	ved This	S Period	Amount	Payments This Period				
ate Loan was originally	M	D Y	M	D	Y	\$	Amount	M	Dat D	e Y	T <sub>e</sub>	Amount
gistration Number if PAC		<u> </u>							Ĭ	'	3	
			M	D	Y			М	D	Y	<del> </del>	
ployer/Occupation/Labor Organization*			M	D	Y	-					<u> </u>	_
Wa B			_		<u> </u>			M	D	Y		
om Whom Received								Prior Am	ount		Amt Inou	rred this Period
dress											Mint. Incur	rea this Period
											Outstandin	g Balance
y	State	Zip Code	Loa	ns Receiv	ed This	Dowie		_	•			
te Loan was originally				Date	eu inis	remod	Amount	1	Date		ents This P	
urred 2 dr	М	DY	М	D	Y	\$		M	D	Y	s	Amount
istration Number, if PAC	!	<u> </u>	M	D	\ <u>\</u>	<b> </b>					ľ	
			IVI	االا	Y	i		М	D	Y		
loyer/Occupation/Labor Organization*			M	D	Y	<del> </del>		M	D			
					!	1				Y		
quired for contributions over \$100 to star	tewide ~	nd ganara! •									<u> </u>	
quired for contributions over \$100 to star	If two or	more employees	ly candidate:	s. If contri	butor is s	self-empl	oyed, occupation a	nd the name	of the indi	vidual's b	usiness,	
nployees are members, if any, must appe		more employees (	onate via pa	утон аеан	ction and	d exceed	the aggregate of \$1	00 the labor	<b>∆rσaniza</b> t	ion ofl.	( a.t.	

1	Total prior amount \$	1,000.00
2	Total received this period \$	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 \$	1,000.00 (To Form No. 30-A)