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Statement of Loans Received

Prescribed by Secretary of State 2/01

					·						
Full Name of Committee											
Committee to Re-elect D	on Schonhard	<u>t</u>					Daine	ă			Amt. Incurred this Period
From Whom Received							rtior	Amou		00.00	Alik. Dicuted dus 1 etiod
Donald J. Schonhardt	···								2,0	00.00	Outstanding Balance
Address											2,000.00
3750 Cemetery Rd.						· · · · · · · · · · · · · · · · · · ·				D	ments This Period
	State Zip Code	Loa	Loans Received This Period			Amount	Paym Date				ments ints remod Amount
Hilliard C	H 43026	M	Date D	Υï	I c	Amount	М	- 3	D	, 	*
Date Loan was originally. Incurred 0	1 1 1 1 1	M	"	1 '	,,		171				ľ
Registration Number, if PAC	1310131011	M	D!	Y	}		М	-	D	Ÿ	
Registration Number, it PAC		IVI	"	1 1							
Employer/Occupation/Labor Organization*		М	D	Y	 		М	1	D	Y	
Employer occupation Land Organization] [1
From Whom Received			·!	<u> </u>	<u> </u>		Prior Amount			<u> </u>	Amt, Incurred this Period
Donald J. Schonhardt									10	00.00]
Address	····										Outstanding Balance
3750 Cemetery Rd.											100.00
	State Zip Code	Loa	ns Receive	ed This Per	riod		Payments This Period				
Hilliard C	H 43026		Date			Amount	Date				Amount
Date Loan was originally Incurred 0		М	D	Y	\$	•	М		D	Ÿ	\$
Incurred 0	0 2 0 2 0 1										
Registration Number if PAC		М	D	Y			М		D	Y	1
			L								
Employer/Occupation/Labor Organization*		М	D	Y			М		D	Ā	1
From Whom Received							Prior Amount Amt. Incurred this Period				
											D. F. D.L.
Address											Outstanding Balance
	·	_									
City	State Zip Code	Loa		ed This Per	riod		1		₽-4	•	ments This Period Amount
		1	Date	T ++ 1	14	Amount	1.		Dat		AHAMAR
Date:Loan was originally M	I D Y	M	D	Y	Š		M		D	Y	
Incurred	<u> </u>	<u> </u>		-			М	\vdash	D	У	-
Registration Number, if PAC		M	D	Y	1		М		ע	1	
	_ 	1		1-0	├ ──		М	╢	Di	Y	
Employer/Occupation/Labor Organization*		M	D	Y			Į tar		"	'	
					<u> </u>		1		_	1	

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.	.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.	.00	(also record on Form 31-B
4	Total Outstanding Balance \$	2,100.	.00	(To Form No. 30-A)