Page	1
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Statement of Loans Received

				Pre	scribed by	Secretar	y of Stat	e3/05							
Full Name of Committee															
Citizens to Elect Mike Schadek								Prior Amount				Amt, Incurred this Period			
From Whom Received									••	0.00		10,000.			
Paul J. Schadek												0.00	Outstanding	Balance	
Address														10,000	
1038 Egret Ct	State Zip Code Loans Received This Period						Payments This Period								
City Westerville	OH	4308	2	Date Amount							Date			Amount	
Date Loan was originally	M	D	Y	М	D	Y.	S		М	- [D _.	Y	S	(
Incurred Type	0 4	2 1	1 4	0 4	2 1	1 4	ــــــ	10,000.00	1	- -		- Y			
Registration Number, if PAC				М	D	Y ,	1		M	Ì	D !	1			
				<u> </u>		<u> </u>	├		M	+	<u>;</u>				
Employer/Occupation/Labor Organization*		М	D	Υ.			111		i						
									Prior .	Атош	nt		Amt. Incurre	ed this Period	
From Whom Received												0.00		<u>7,500 </u>	
Joseph P. Schadek						*************************************							Outstanding		
Address 5405 Ruore Circle Fast												<u> </u>		<u>7,500</u>	
5405 Byers Circle East State Zip Code Loans Received This Period								Payments This Period							
Columbus		4322		1	Date			Amount		 _	Date		Tc -	Amount	
Date Loan was originally	М	D	T Y	М	D	Y	S	7 500 00	M	- 1	D !	1	3	í	
incurred	0 4	2 1	114	0 4	211	1 4	↓ —	7,500.00	M!	+	<u>;</u> D	Y	 	 `	
Registration Number, if PAC				М	l P	Y					1				
				M!	<u>!</u>	Y	┼		M.	_	D	Ÿ			
Employer/Occupation/Labor Organization*					1 1	1 1					i	i	j		
				<u> </u>	<u> </u>	<u> </u>			Prior	Аточ	nt		Amt. Incur	ed this Period	
From Whom Received								·					<u> </u>		
Address													Outstanding	: Balance	
Nomess												j.	L		
City	State	Zip Coo	le	Loans Received This Period					Pay Date				ments This Period Amount		
		<u> </u>		 	Date	ΤΥ	Te -	Amount	M		D	Y	K	741104111	
Date Loan was originally	М	l P,	Y	М	D	1 '	ľ			1	Ĭ		ľ		
Incurred the second second	<u> </u>	!_		M!	 	 	╂~~~	· · · · · · · · · · · · · · · · · · ·	М	十	Ď	Ÿ			
Registration Number, if PAC				"	[1 1	1		ļ	- 1	}		Į.		
10 - wait of the Organization				M)	D	Y	1		М		D	Y			
Employer/Occupation/Labor Organization*		-			i	1					1	<u> </u>	<u> </u>		
* Required for contributions over \$100 to s if any, rather than employer should be listed the employees are members, if any, must a	d. If two ppear, R	onnore er C. 3517.1	nployees o 0(B)(4)	lonate via	раугон се	agetton a	no excee	d the aggregate or six	00, mc	15501	, g				
If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this	e "Outsta period to	nding Bal the State	ance" space ment of Ex	e. Transfe penditure:	r total of a s (Form N	all loans r o. 31-B).	eceived Transfer	this period to the State Total Outstanding Ba	ement o	of Othe	er Incoi cover p	ne (Form age (Forn	No. 31-A-2) n No. 30-A).		
1 Total prior amount \$			0.00	_											
2 Total received this period S			17,5	500.00	_ (To Fo	rm No. 3	1-A-2)								
3 Total Payments this Period S	0.00 (also record on Form 31-B)														
4 Total Outstanding Balance S			17,5	500.00	_ (To Fo	rm No. 3	0-A)								