

Ohio Campaign Finance Report

	Prescribed by Secretary of State 3/05/2015 DEC 11 PM 12: 36													
Full Name of Committee Friends of Randy Reisling								FRANKLIN URBRIGGENUMBER, IF PACE BOARD OF ELECTIONS						
Full Name of Candidate					•									
Randy Reisling Street Address Office Sought												District		
3178 Ranke Ct BOE										swcs				
City									-	State Zip Code				
Grove City	<u>, </u>								0	1		23	Annual Y	e-a-r
Type of Report	Pre-Pri	Pre-Primary			Post-Primary			General	×	1051	Ols		Amiles 1	C-EU
(place X to the left of report	July	July		August	ugust		Sep	eptember /		\top			Semiannu	al
type) Amended Report?	Monthi	y Report Elect		Month	у	╀	Mo	nthly	VX	Теп	nination	<u>_</u>	<u> </u>	
	No	1	Yes	Mo Mo)	Date	of Elect	ion	1	1		D 3	1 Y	5
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.														
	Amount brought forward from last report							\$			0.00	l		
	2. Total monetary contributions (From Form No. 31-A) 3. Total other income (From Form No. 31-A-2) 4. Total funds available (sum of lines 1, 2, 3) 5. Total monetary expenditures (From Form No. 31-B) 6. Balance on hand (line 4 minus line 5) 7. Value of in-kind contributions received (From Form No. 31-J-1) 8. Value of in-kind contributions made (From Form No. 31-J-2) 9. Outstanding loans owed by committee (From Form No. 31-C) 10. Outstanding debts owed by committee (From Form No. 31-N) 11. Outstanding loans owed to committee (From Form No. 31-K) 12. Value of independent expenditures made (From Form No. 31-U)							S			0.00			
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								\$						
	13. For Electronic Filing Entities only \$											1		
	Sum of lines 2, 7 and amount of any new loans received this period													
THE INFORMATION CON								ECTION FAL	SIFICAT	(6N.)	HOEVER			
COMMITS ELECTION FAI Kelly Reisling	SIFICATION I	S GUILTY O	f a fel	ONY O	f the fir	TH DE	TT.	16	, ,	\mathbf{x}		10/	10 / 20°	15
	Print Name and Title (Treasurer and Deputy Treasurer only) Signature									<u>,</u>			10/20 Date	<u> </u>
Contribution								ther ages	,]		To pay	rtzl ees	2	