Statement of Loans Received

Page _____

Prescribed by Secretary of State 3/05

,		
Full Name of Committee.		
From Whom Received Marshall A S	ralderie	Prior Amount 4050 (55.4/ Outstanding Balance
Address 1940 blen ford Ct.		4105,50
Reynald Slave OH 43dos	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was originally incurred	M D Y S	M D Y S
Registration Number, if PAC	M D Y	M D Y
Employer/Occupation/Labor Organization*	M. D. Y.	M D Y
From Whom Received Marshall A Spa	ldeig	Prior Amount 4105.52 1319.15 Outstanding Balance
Address 1940 Gley Fora	(C+',	5424.67
City Reynald Strate OH 43068	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was . originally Incurred	M. D. Y. S	M. D. Y. S
Registration Number, if PAC	M D Y	M D Y
Employer/Occupation/Labor Organization*	M D Y	M D Y
From Whom Received		Prior Amount Amt. Incurred this Period
Address		Outstanding Balance
City State Zip Code	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was originally incurred	M D Y S	M D Y S
Registration Number, if PAC	M D Y	M D Y
Employer/Occupation/Labor Organization*	M D Y	M D Y
 Required for contributions from individuals over \$100 to statewid the individual's business, if any, rather than employer should be lis labor organization of which the employees are members, if any, m 	ted. If two or more employees contribute via pa	or is self-employed, the occupation and the name of syroll deduction and exceed the aggregate of \$100, the

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 Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$	50.11
² Total received this period \$	1374,56 (To Form No. 31-A-2)
³ Total payments this period \$ _	402,12 (To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	5022:155 (To Form No. 30-A)