Statement of Loans Received

			Presented	by Secretary	ot State 3/0)5					
Full Name of Committee											
Committee to Retai	n Jud	lge Reece									
From Whom Received										Amt. Incurred this I	Period
Guy L. Reece, II								00.00)	0.	.00
Address								1.17		Outstanding Balance	.c
7191 Keystone Ranc	h Cou	ut					1,40		10.00	4,000.	.00
City	St ate	Zip Code	Loans Received This Period				Payments This Period				
Blacklick	OH	43004	Dat		i	Amount	<u></u>	Date	-ye	Amount	
Date Loan was	М	D Y	M	d l A	2		M	D	Y	2	
originally Incurred	1 0	2 5 0 4							'	1	
Registration Number, if PAC			M	D Y			M	D	Ŷ		
Employer/Occupation/Labor Organization	ı*		M	D Y			М	D	Y		
From Whom Received							Prior An	iount	1 1	Amt, Incurred this	Period
				٠.						The Little Constitution of the Constitution of	1 51104
Address				- · · · · · · · · · · · · · · · · · · ·						Outstanding Balance	
				•		<i>;</i>	30.00	1.00			
City	St ate	Zip Code		I ones Bes	cived This	Parind		r eft ace a	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	This Period	
			Dat		: Interest	Amount	L	Date	зутель	Amount	
Pate Loan was originally Incurred	М	D Y	М	D Y	S		M	D	Y	22	
Registration Number, if PAC	<u> </u>	1 - 1 - 1	M	D Y		· · · · · · · · · · · · · · · · · · ·	M.	D	t Y		
		्रहे र -	1 1.	-	2 %-				١, ١		
Employer/Occupation/Labor Organization	1.	:	M	D Y			M	B	M	 -	
i i	. N	•	1 1	*		. •1					
From Whom Received				** **	- (Prior An	nouni		Amt, Incurred this	Period
Address	· · · · · · · · · · · · · · · · · · ·		•			ja þ.				Outstanding Balance	Ce .
City	St ate	Zip Code	ħ.			:	1.21 12	17 - 10 -		ч	
			Loans Received This Period Date Amount			Period Amount	Payments This Period Date				
· · · · · · · · · · · · · · · · · · ·	M	D Y	M	D Y	S		M	D	Y	Z Amount	
Date Loan was originally Incurred		.			. 1						
Registration Number, if PAC	·	 	Mi	D N		·	M ¹	D	Y	 -	
·											
Employer/Occupation/Labor Organization*			M	다 첫	_		M	B	Y	1	
			1		Ι.						
Required for contributions from inc	lividuals c	over \$100 to statewi	de and gen	eral assemi	oly candid	ates. If contribut	or is self	-employe	d, the or	cupation and the	iame
the individual's business, if any, rath											
labor organization of which the emp										-	·
f a loan is forgiven, write "Forgi	ven" in t	he "Outstanding I	Balance" s	space. Tra	nsfer tota	l of all loans n	ceived	this per	iod to th	ne Statement of ()th er
								~ .			

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 \$ 4,000.00	
² Total received this period \$ 0.00	(To Form No. 31-A-2)
Total payments this period \$ 0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ 4,000.00	(To Form No. 30-A