Page	

## **Statement of Loans Received**

Prescribed by Secretary of State3/05

Full Name of Committee				_									
	.1:												
Friends of Randy Reis	sung												
							Prio	г Ап	ount		Amt. Incurred this Period		
Randy Reisling			_				<del>-</del>		_	4,0	00.00	0.00	
3178 Ranke Ct												Outstanding Balance	
City	State	Zip Cod		_				_				4,000.00	
1 1				Loans Received This Period					Payments This Period				
Grove City	M	4312	) IY	1//	Date	1 0	Amount	Date				Amount	
Date Loan was originally	<b>1</b>	١,	'	M	D	Y	s	М	1	D	Y	S	
Incurred Registration Number, if PAC						1 !	·		<u> </u>		1		
Registration Number, it FAC				M	D	Y	1	М		D	Y		
Employer/Occupation/Labor Occupations	F-d-m-/O-m-d-d-l-O					<del>                                     </del>	<del> </del>		<u> </u>				
Employer/Occupation/Labor Organization*			M	D	Y		М		D	Y			
From Whom Received				!	!!		L	- 5 -					
From Whom Received							PTIO	Prior Amount Amt. Incurred this Period					
Address												Outstanding Balance	
City	State	Zip Code		Los	ns Recei Date	ved This	Period Amount			Date	-	neuts This Period Amount	
Date Loan was originally	М	D	Y	М	D	Y	s	Mj		D	Y	s	
Incurred										1	lι		
Registration Number, if PAC		•	•	M:	D	Y	<del>-</del>	M		D	Y	<del>-</del>	
					[					1			
Employer/Occupation/Labor Organization*				М	D	Y	-	М		D	Y		
From Whom Received	_					<u> </u>		Prior	Am	OUTI	<u> </u>	Amt, Incurred this Period	
								1	- 411			Auto mouses and a cros	
Address								1		_		Outstanding Balance	
City	State	Zip Code	<del></del>	Large Bessived This Builty							n.		
	'			Loans Received This Period  Date Amount				Paym Date				ents This Period Amount	
Date Loan was originally	М	Đ	Y	M	D	Y	s	Mi		D	Y	<u>Is</u>	
Incurred			l )										
Registration Number, if PAC	- 1			M	D	Y	<del></del>	M		D	Y		
											1		
Employer/Occupation/Labor Organization*		•		M	D	Y		M		D	Y		
										1	1		
							<u> </u>	<u> </u>			<u> </u>		
* Required for contributions over \$100 to sta	atewide ar	nd general	assembly	candidate	es. If cont	ributor is	self-employed, occupation a	nd the n	ame	of the inc	lividual's	business,	
if any, rather than employer should be listed	. If two on	more emp	oloyees do	nate via p	ayroll ded	luction an	d exceed the aggregate of \$1	00, the	labo	r organiza	ution of w	hích	
the employees are members, if any, must app	pear. R.C.	3517.10(	(B)(4)										
If a loan is forgiven, write "Forgiven" in the	"Outstand	ing Balan	ce" space	. Transfer	total of a	l loans re	ceived this period to the Stat	ement o	of Otl	her Incom	e (Form l	No. 31-A-2).	
Transfer total of all payments made in this pe													
			·			,	Ū			•	• `	**	
1 Total prior amount \$		4,00	00.00										
2 Total received this period \$				0.00	(То Гоп	n No. 31-	A-2)						
-					•		•						
Total Payments this Period \$				0.00	(also rec	ord on Fo	orm 31-B)						
4 Total Outstanding Balance \$	•		4,00	00.00	(To For	n No. 30-	A)						