

## **Statement of Loans Received**

Prescribed by Secretary of State3/05

					SCHOOL U								
Full Name of Committee													
Friends of Randy Reisling From Whom Received Prior Amount Amt. Incurred this Period													
From Whom Received						Pnor At		00.00	Amt, incurred this Period				
Randy Reisling							4,0	00.00	Outstanding Balance				
3178 Ranke Ct												4,000.00	
City		Zip Cod		Loans Received This Period			Payme			ents This Period			
Grove City	OH	4312	3	<u> </u>	Date			Amount		Data	e	Amount	
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y	s	
Incurred			<u> </u>										
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y	•		М	Đ	Y		
							<u> </u>						
From Whom Received						Prior Amount Amt. Incurred this Peri			Amt. Incurred this Period				
Address									Outstanding Balance				
City	State	Zip Cod	e	Los	ns Receiv	ed This	Period		Payments This Period				
	1			Date Amount				Amount	Date			Amount	
Date Loan was originally	М	D	Y	М	D	Y	S		М	D	Y	S	
Incurred			1										
Registration Number, if PAC			М	D	Y			М	D	Y			
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y			
From Whom Received						Prior A	Prior Amount Amt. Incurred this Period						
Address Outstanding Balance													
City	State	Zip Cod	c	Loans Received This Period  Date Amount			Payments This Period  Date Amount						
Date Loan was originally	м	D	Y	М	D	Y	S		М	D	Y	2	
incurred	1		1 1										
Registration Number, if PAC			М	D	Y			М	D	Y			
Employer/Occupation/Labor Organization*			м	D	Ϋ́			М	D	Y			
<u> </u>				<u> </u>	1	<u> </u>	-					A	

If a loan is forgiven, write "Forgiven" in the	"Outstanding Balance" space. To	ransfer total of all loans received	this period to the Statement	t of Other Income (Fo	orm No. 31-A-3
Transfer total of all payments made in this p	eriod to the Statement of Expend	litures (Form No. 31-B). Transfe	r Total Outstanding Balance	e to the cover page (F	orm No. 30-A

1	Total prior amount \$	4,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	4,000.00	(To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)