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Statement of Loans Received

				P	rescribed b	y Secret	ary of Sta	ite3/05				
Full Name of Committee	د ما اد د د	Dagge		•								
Committee to Retain J	uage	Reece	<u> </u>						Drion An	nount		Amt. Incurred this Period
							Prior Amount 4,000.00			0.00		
Guy L. Reece, II										1 ,0	00.00	Outstanding Balance
7191 Keystone Ranch	Ct.											4,000.00
City	State	Zip Code		Lo	ans Recei	ved This	Period				Pavm	ents This Period
Blacklick	ОН	43004	Ļ	Date Amount				Dat	•	Amount		
Date Loan was originally Incurred	м 1 0	D 2 5	$egin{bmatrix} \mathbf{Y} \\ 0 \mid 4 \end{bmatrix}$	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received					<u>.</u>			·····	Prior Ar	nount		Amt. Incurred this Period
Address												Outstanding Balance
City	State	Zip Code	!	Loans Received This Period Pays Date Amount Date				-	nents This Period Amount			
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	<u> </u>	<u> </u>		М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		· · · · · · · · · · · · · · · · · · ·	М	D	Y	
From Whom Received			· · · · · · · · · · · · · · · · · · ·			- I		·	Prior Ar	nount		Amt. Incurred this Period
Address			- 13									Outstanding Balance
City	State	Zip Code	:	Lo	ans Recei	ved This	Period	Amount	•			ents This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	s		М	D	Y	\$
Registration Number, if PAC		<u> </u>	L	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	1		М	D	Y	
• Required for contributions over \$100 to s if any, rather than employer should be listed the employees are members, if any, must apply the angle of the state of all powers made in this.	i. If two opear. R.C	ormore emp C. 3517.10(ding Balan	oloyees do (B)(4)	onate via	payroll dec	duction a	and excee	d the aggregate of	\$100, the lab	or organiz	zation of w	No. 31-A-2).
Transfer total of all payments made in this p		-	-					-			•	*

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)