Page	

## Statement of Loans Received

				Pr	escribed l	by Secret	ary of St	ate3/05				
Full Name of Committee	_											<del></del>
Friends of Randy Reis	sling											
From Whom Received		_				_			Prior Ar	nount	-	Amt. Incurred this Period
Randy Reisling										4.0	00.00	
Address		-									00.00	Outstanding Balance
3178 Ranke Ct												4,000.00
City	State	Zip Cod	e	Los	ns Recei	ved This	Period	**				
Grove City	ЮІН	4312	3		Date			Amount	ſ	Dat	-	euts This Period Amount
Date Loan was originally	M	D	Y	M!	D	Y	s		Mi	Ð	Y	ls
Incurred	9	1   1	017							1	1	
Registration Number, if PAC	1		1 4 ( )	M <sub>!</sub>	D	Y	<del>                                     </del>		Mi	<u>     </u>	Y	
				ľ		1			1	1		ľ
Employer/Occupation/Labor Organization*				M	D	Y	┼		M!	D	Y	
_					1					1	Li	
From Whom Received				<u> </u>	<u>'</u>	<u>' '</u>		<del></del>	Prior An	truon	1 .	Amt, Incurred this Period
												The state of the s
Address								٠				Outstanding Balance
												o distance in the same
City	State	Zip Cod	e	Ι.	n :	1.771.	n : .				-	
				Los	ns Recei Date	vea 1 mis	Period	Amount		Dat	ents This Period Amount	
Date Loan was originally	М	D	ΙΥ	Mi	D	ΤΥ	Is		M	D	Y	Is .
Incurred	1	İ	1		<u>-</u>	1	ľ			l i	l 'n	ľ
Registration Number, if PAC	<u>.                                      </u>		<u> </u>	M <sub>1</sub>	<u> </u>	T Y	+	<del></del>	Mi	D	Y	·
						Ι'n	ĺ		1 "	li	1 1	
Employer/Occupation/Labor Organization*				M!	D	Y	+		M:	D	Y	
or games of				ا آ				"		1		
From Whom Received				<del></del>	<u> </u>	<u> </u>	1		Prior An	l l	_ !	Amt. Incurred this Period
	From Whom Received Prior Amount Amt. Incurred this Period							Alia. likuled ilis reikd				
Address	-											Outstanding Balance
												Ousaiding balance
City	State	Zip Cod		Γ.				_				
State 124 Code			Loans Received This Period  Date Amount					Payments This Period  Date Amount				
Date Loan was originally	M	D	ΙΫ́	M <sup>,</sup>	D	ΙΥ	Τς	7 tillouit	M!	D	ΙΥ	Amount
Incurred	"		l i	l "i	ľ	Ι'n	ľ			Ιĭ	j 'i	
Registration Number, if PAC			<u> </u>	M:	D	Y	+		Mi	D	Y	<u> </u>
						i			"			
Employer/Occupation/Labor Organization*				Mi	D	Y	+		Mi	D	Y	
Employer occupation Capor Organization				l "i		l 'i			l M	۱ ۲	1	
										<u> </u>		
* Paguired for contributions over \$100 to c	tataniada a	nd annam	l accomble	مسادة استحماد	16	_::	16				45-24	
* 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)												
ых строухог ас тетоста, и алу, так арреа. п.с. ээтт.гододчу												
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 Total Outstanding Balance to the cover page (Form No. 30-A).												
1 000 00												
1 Total prior amount \$		4,0	00.00	_								

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	<del></del>	0.00	(also record on Form 31-B)
4	Total Outstanding Balance	4,00	00.00	(To Form No. 30-A)