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## Statement of Loans Received

|   |                           |  | n                                      | rescribed                                | by Secre                         | etary of            | State3/U5               |              |                            |            |                           |  |
|---|---------------------------|--|--|--|----------------------------------|---------------------|-------------------------|--------------|----------------------------|------------|---------------------------|--|
| Full Name of Committee  |                           |  |  |  |                                  |                     |                         | _            |                            |            | · .                       |  |
| Friends of Randy Reis   | sling                     |  |  |  |                                  |                     |                         |              |                            |            |                           |  |
| From Whom Received  |                           |  |  |  |                                  |                     |                         | Prior A      | mount                      |            | Amt, Incurred this Period |  |
| Randy Reisling  |                           |  |  |  |                                  |                     |                         |              | 4.0                        | 00.00      |                           |  |
| Address   |                           |  |  |  |                                  |                     |                         |              | 1,0                        | 00.00      | Outstanding Balance       |  |
| 3178 Ranke Ct   |                           |  |  |  |                                  |                     |                         |              |                            |            | 4,000.00                  |  |
| Cîty  | State                     | Zip Code   | La                                     | ans Recei                                | ved Th                           | is Perio            |                         |              |                            | Davin      | nents This Period         |  |
| Grove City  | ЮН                        | 43123  | Loans Received This Period Date Amount |  |                                  |                     |                         | Date Amount  |                            |            |                           |  |
| Date Loan was originally  | М                         | D Y  | M                                      | D  | Y                                | S                   |                         | M            | D                          | Y          | s                         |  |
| Incurred  | 9                         | 111017   | 1                                      |  | 1 1                              | 1                   |                         |              | 1                          | 1          |                           |  |
| Registration Number, if PAC   |                           | <u> </u>   | М                                      | D  | Y                                |                     |                         | М            | Đ                          | Y          |                           |  |
|   |                           |  |  |  |                                  |                     |                         |              |                            |            |                           |  |
| Employer/Occupation/Labor Organization*   |                           | <del>-</del>   | М                                      | D  | Y                                |                     | -                       | M            | D                          | Y          |                           |  |
|   |                           |  |  |  |                                  |                     |                         |              |                            | 1          |                           |  |
| From Whom Received  |                           |  | _                                      |  |                                  |                     | •                       | Prior Ar     | mount                      |            | Amt. Incurred this Period |  |
| Address   |                           |  |  |  |                                  |                     |                         | _            |                            |            | O-m # - P-1               |  |
| Address   |                           |  |  |  |                                  |                     |                         |              |                            |            | Outstanding Balance       |  |
| City  | State                     | Zip Code   | Los                                    | Loans Received This Period Date Amount   |                                  |                     |                         |              | Payments This Period       |            |                           |  |
|   |                           |  |  |  |                                  |                     |                         |              | Dat                        | -          | Amount                    |  |
| Date Loan was originally  | М                         | D Y  | M                                      | D  | Y                                | S                   |                         | M            | D                          | Y          | s                         |  |
| Incurred  |                           |  |  |  | 1                                |                     |                         |              | 1 1                        |            |                           |  |
| Registration Number, if PAC   |                           |  | М                                      | D  | Y                                |                     |                         | M            | D                          | Y          |                           |  |
|   |                           |  |  |  |                                  |                     |                         |              |                            |            |                           |  |
| Employer/Occupation/Labor Organization*   |                           |  | М                                      | D  | Y                                |                     |                         | М            | D                          | Y          |                           |  |
|   |                           |  |  |  |                                  |                     |                         |              | <u> </u>                   |            |                           |  |
| From Whom Received  |                           |  |  |  |                                  |                     |                         | Prior Ar     | mount                      |            | Amt. Incurred this Period |  |
| Address   |                           |  |  |  |                                  |                     |                         |              |                            |            | Outstanding Balance       |  |
| City  | State                     | Zip Code   | Los                                    | Loans Received This Period               |                                  |                     |                         |              | Payments This Period       |            |                           |  |
|   |                           |  | <u> </u>                               | Date                                     |                                  |                     | Amount                  |              | Dat                        | e          | Amount                    |  |
| Date Loan was originally  | M                         | DY   | М                                      | D  | I Y                              | s                   |                         | М            | D <sub>.</sub>             | Y          | s                         |  |
| Incurred .  |                           |  |  |  |                                  |                     |                         |              | 1_1_                       | <u> </u>   |                           |  |
| Registration Number, if PAC   |                           |  | М                                      | D  | Y<br>                            |                     |                         | М            | D                          | Y          |                           |  |
| Employer/Occupation/Labor Organization*   |                           | <del></del>  | Mi                                     | D  | Y                                |                     |                         | M            | D                          | Y          |                           |  |
| * Required for contributions over \$100 to stif any, rather than employer should be listed the employees are members, if any, must apply the employees are member | i. if two or<br>pear. R.C | rmore employees do . 3517.10(B)(4) ding Balance" space | onate via p                            | payroll de<br>r total of a<br>s (Form No | duction<br>all loans<br>o. 31-B) | and exc<br>received | eed the aggregate of \$ | 100, the lab | oor organiz<br>Other Incor | ation of w | vitich<br>No. 31-A-2).    |  |
|   |                           |  |  | _ (To For                                |                                  |                     |                         |              |                            |            |                           |  |
| Total Payments this Period \$   |                           |  | U.UU                                   | _ (also re                               | cord on                          | Form 3              | 1-B)                    |              |                            |            |                           |  |