



Committee Name TEAM RENSEL		Office Sought Council - At-Large		District Tallmadge P
Street Address 624 East Ave		City Tallmadge	State OH	Zip 44278
Candidate Name OR PAC Registration Number		Treasurer Name JACK L. SARVER		Election Date (MM/DD/YYYY) 11/7/17

Type of Report (choose one):

Annual
 Semiannual
 Pre-Primary
 Post-Primary
 Pre-General
 Post-General

Statewide Candidates Only:

July Monthly
 August Monthly
 September Monthly

Year
2017

Amended Report

No
 Yes

Termination

Check this box if the committee wishes to terminate with this report

Short Form Report (R.C. 3517.10(H))

Check this box if the committee is filing a short term report. See attached instructions.


1. Amount brought forward from last report	534.64
2. Total monetary contributions (From Forms 31-A and 31-E)	2182.00
3. Total other income (From Form 31-A-2)	-0-
4. Total funds available (sum of lines 1,2, and 3)	2716.64
5. Total monetary expenditures (From Forms 31-B and 31-F)	996.19
6. Balance on hand (line 4 minus line 5)	1720.45
7. Value of in-kind contributions received (From Form 31-J-1)	474.33
8. Value of in-kind contributions made (From Form 31-J-2)	-0-
9. Outstanding loans owed by committee (From Form 31-C)	5,400-
10. Outstanding debts owed by committee (From Form 31-N)	4671.05
11. Outstanding loans owed to committee (From Form 31-K)	-0-
12. Value of independent expenditures made (From Form 31-U)	-0-

**OFFICIAL COPY
SUMMIT COUNTY
BOARD OF ELECTIONS**

2017 OCT 25 PM 12:07

11/5/21 AWC

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**


 Signature of Treasurer or Deputy Treasurer

10-23-2017
 Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor <i>Summit Co. Republican Central Committee</i>			Registration Number, if PAC	
Street Address <i>1755 Merriman Rd.</i>		Employer/Occupation/Labor Organization*		Form (Cash, <u>check</u> , etc.)
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44313</i>	Date (MM/DD/YYYY) <i>9/5/17</i>	Amount <i>\$1,000</i>
Full Name of Contributor <i>Transfer from 31-E</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>\$1182-</i>
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY) <i>9/13/17</i>	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <i>OH</i>	Zip Code	Date (MM/DD/YYYY)	Amount

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



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee TEAM RENSEL				
Full Name of Contributor Mark Sgolino			Registration Number, if PAC	
Street Address 519 Karen Trl.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 9/15/17	Amount \$25.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, Check, Etc) Check
Full Name of Contributor Edwin Sekowski			Registration Number, if PAC	
Street Address 752 Atwood Dr.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 9/15/17	Amount \$20.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, <u>Check</u> , Etc)
Full Name of Contributor Mary Ann Sekowski			Registration Number, if PAC	
Street Address 752 Atwood Dr.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 9/15/17	Amount \$20.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, <u>Check</u> , Etc)
Full Name of Contributor Joseph Sekowski			Registration Number, if PAC	
Street Address 752 Atwood Dr		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 9/15/17	Amount \$20.00
City Tallmadge		State OH	Zip Code 44278	Form (Cash, <u>Check</u> , Etc)
Full Name of Contributor Rick Bozthert			Registration Number, if PAC	
Street Address 499 Brian Dr.		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 9/10/19	Amount \$25.00
City Tallmadge		State OH	Zip Code 44278	Form (<u>Cash</u> /Check, Etc)

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ **120**



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee				
Full Name of Contributor <i>Rose Boethert</i>			Registration Number, if PAC	
Street Address <i>499 Brian Dr.</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>9-10-17</i>	Amount <i>\$25.00</i>	
City <i>Tallmadge</i>	State OH	Zip Code <i>44278</i>	Form (<input checked="" type="checkbox"/> Cash) <input type="checkbox"/> Check, Etc	
Full Name of Contributor <i>Tom Riley</i>			Registration Number, if PAC	
Street Address <i>644 East Ave</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>9/13/17</i>	Amount <i>\$20.00</i>	
City <i>Tallmadge</i>	State OH	Zip Code <i>44278</i>	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
Full Name of Contributor <i>Bill Floto</i>			Registration Number, if PAC	
Street Address <i>587 Parkside Ln</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>9/13/17</i>	Amount <i>\$20.00</i>	
City <i>Tallmadge</i>	State OH	Zip Code <i>44278</i>	Form (<input checked="" type="checkbox"/> Cash) <input type="checkbox"/> Check, Etc	
Full Name of Contributor <i>Jim Nuznoff</i>			Registration Number, if PAC	
Street Address <i>727 Deerwood</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount <i>\$50.00</i>	
City <i>Tallmadge</i>	State OH	Zip Code <i>44278</i>	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
Full Name of Contributor <i>Leslie Knight</i>			Registration Number, if PAC	
Street Address <i>77 Stadium Dr.</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount <i>\$40.00</i>	
City <i>Tallmadge</i>	State OH	Zip Code <i>44278</i>	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	

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Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ *155 -*



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee				
Full Name of Contributor <i>Debbie Walsh</i>			Registration Number, if PAC	
Street Address <i>38 Hyder Ave</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>9/13/17</i>	Amount <i>\$100-</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44303</i>	Form (Cash, <u>Check</u> , Etc)	
Full Name of Contributor <i>Vince Ciraldo</i>			Registration Number, if PAC	
Street Address <i>197 Kenridge Rd.</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>9/13/17</i>	Amount <i>\$50.00</i>
City <i>Fairlawn</i>	State <i>OH</i>	Zip Code <i>44333</i>	Form (Cash, <u>Check</u> , Etc)	
Full Name of Contributor <i>George Emershaw</i>			Registration Number, if PAC	
Street Address <i>120 E. Mill St. Ste 437</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <i>9/13/17</i>	Amount <i>\$100</i>
City <i>Akron</i>	State <i>OH</i>	Zip Code <i>44308</i>	Form (Cash, <u>Check</u> , Etc)	
Full Name of Contributor <i>Tring Carter</i>			Registration Number, if PAC	
Street Address <i>731 North Monroe</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount <i>\$300</i>
City <i>Tallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Form (Cash, <u>Check</u> , Etc)	
Full Name of Contributor <i>Jack Server</i>			Registration Number, if PAC	
Street Address <i>498 Egghood</i>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount <i>\$50.00</i>
City <i>Tallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Form (Cash, <u>Check</u> , Etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ *600-*



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Contributor					Registration Number, if PAC	
Eugene Ruiz						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
341 East Ave				9/13/17	\$25.00	
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)		
Tallmadge		OH	44278			
Full Name of Contributor					Registration Number, if PAC	
Joanne Sauer						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
498 Eastwood Ave				9/13/17	\$50.00	
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)		
Tallmadge		OH	44278			
Full Name of Contributor					Registration Number, if PAC	
Philip Tanner						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
294 Starr Dr.				9/14/17	\$35.00	
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)		
Tallmadge		OH	44278			
Full Name of Contributor					Registration Number, if PAC	
Colleen Anart						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
115 Sarg Benn Dr.				9/14/17	\$20.00	
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)		
Tallmadge		OH	44278			
Full Name of Contributor					Registration Number, if PAC	
Carl Hughes						
Street Address		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
321 Proctor Cir				10/11/17	\$25.00	
City		State	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)		
Tallmadge		OH	44278			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 105-



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee				
Full Name of Contributor <i>Carol Deeser</i>			Registration Number, if PAC	
Street Address <i>655 Stafford Dr</i>	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>10/11/17</i>	Amount <i>\$25.00</i>	
City <i>Tillmadge</i>	State OH	Zip Code <i>44178</i>	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
Full Name of Contributor <i>Contributions of \$25 or less</i>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) <i>9/13/17</i>	Amount <i>177.00</i>	
City	State OH	Zip Code	Form (Cash, <input checked="" type="checkbox"/> Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State OH	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State OH	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount	
City	State OH	Zip Code	Form (Cash, Check, Etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ *202-*



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee				
To Whom Owed <i>Tring Carter</i>		Prior Amount <i>\$1,817.53</i>	Amount Incurred this Period <i>0</i>	
Street Address <i>731 N. Munroe Rd.</i>		Item or Purpose of Debt	Outstanding Balance <i>\$1,817.53</i>	
City <i>Tallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Payments Received This Period	
Date of Original Loan (MM/DD/YYYY) <i>8/19/13</i>		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount	
To Whom Owed <i>John Rense</i>		Prior Amount <i>\$115.02</i>	Amount Incurred this Period <i>\$918.50</i>	
Street Address <i>624 East Ave</i>		Item or Purpose of Debt <i>T-shirt</i>	Outstanding Balance <i>1,033.52</i>	
City <i>Tallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Payments Received This Period	
Date of Original Loan (MM/DD/YYYY) <i>8/29/13</i>		Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount	
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ - 0 -

(also record on Form 31-B)

Total Outstanding Balance 84671.05

(also record on cover page)



Statement of Outstanding Debts

Form 31-N
R.C. 3517.10

Full Name of Committee			
To Whom Owed Sally Rensel		Prior Amount -0-	Amount Incurred this Period \$1,575-
Street Address 624 East Ave		Item or Purpose of Debt Billboard	Outstanding Balance \$1,575-
City Tillmadge	State OH	Zip Code 44278	Payments Received This Period
Date of Original Loan (MM/DD/YYYY) 8/18/17		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount
To Whom Owed Sally Rensel		Prior Amount \$1,575	Amount Incurred this Period \$245-
Street Address 624 East Ave		Item or Purpose of Debt Postage	Outstanding Balance \$1,820-
City Tillmadge	State OH	Zip Code 44278	Payments Received This Period
Date of Original Loan (MM/DD/YYYY) 10/17/17		Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Payment (MM/DD/YYYY)	Amount
Date of Original Loan (MM/DD/YYYY)		Date of Payment (MM/DD/YYYY)	Amount

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments This Period \$ -0-

(also record on Form 31-B)

Total Outstanding Balance \$ 4671.05

(also record on cover page)



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
To Whom Paid Marcine Graphic Design		Date (MM/DD/YYYY) 9/18/17	Amount \$514.50
Street Address 1904 Bender Ln.		Purpose Flyer Design and Printing	
City Copley	State OH	Zip Code 44321	Check Number
To Whom Paid Staples		Date (MM/DD/YYYY) 9/1/17	Amount \$79.18
Street Address 645 Howe Ave		Purpose letter copies	
City Cuyahoga Falls	State OH	Zip Code 44221	Check Number 1119
To Whom Paid Transfer from 31-F		Date (MM/DD/YYYY) 9/13/17	Amount \$402.51
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ \$996.19



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee				
To Whom Paid Delanie's		Date (MM/DD/YYYY) 9/13/17		Amount \$402.51
Street Address 67 West Ave		Purpose Fundraising Event food and space		
City Tallmadge	State OH	Zip Code 44278	Check Number 1139	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 402.51



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee				
Full Name of Contributor <i>John Rense</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>624 East Ave</i>	Description of Item or Service <i>T-shirts</i>		Date (MM/DD/YYYY) <i>8/20/17</i>	Fair Market Value <i>\$80.06</i>
City <i>Tallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor <i>John Rense</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>624 East Ave</i>	Description of Item or Service <i>Stress Balls</i>		Date (MM/DD/YYYY) <i>8/18/17</i>	Fair Market Value <i>\$38.87</i>
City <i>Tallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor <i>Tring Carter</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>731 N. Munroe</i>	Description of Item or Service <i>Return Labels</i>		Date (MM/DD/YYYY) <i>9/5/17</i>	Fair Market Value <i>12.40</i>
City <i>Tallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State <i>OH</i>	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State <i>OH</i>	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee							
From Whom Received Tring Carter				Prior Amount \$2,500		Amt. Incurred this Period 0	
Street Address 731 N Monroe						Outstanding Balance 2500	
City Tallmadge	State OH	Zip Code 44278	Loans Received This Period		Payments Received This Period		
Date of Original Loan (MM/DD/YYYY) 8/4/15		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received John Rensel				Prior Amount \$1,900		Amt. Incurred this Period 0	
Street Address 624 East Ave						Outstanding Balance 1,900	
City Tallmadge	State OH	Zip Code 44278	Loans Received This Period		Payments Received This Period		
Date of Original Loan (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	

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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 Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 5,400

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 5,400 (also record on Form 30-A)



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee							
From Whom Received <i>Virgine A. Rensel</i>					Prior Amount <i>1,000</i>	Amt. Incurred this Period <i>0</i>	
Street Address <i>624 East Ave</i>						Outstanding Balance <i>1,000</i>	
City <i>Tallmadge</i>	State <i>OH</i>	Zip Code <i>44278</i>	Loans Received This Period		Payments Received This Period		
	Date of Original Loan (MM/DD/YYYY) <i>10/2/13</i>	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
City	State <i>OH</i>	Zip Code	Loans Received This Period		Payments Received This Period		
	Date of Original Loan (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount		
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	

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

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 Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 5,400

Total Received This Period \$ 0 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0 (also record on Form 31-B)

Total Outstanding Balance \$ 5,400 (also record on Form 30-A)