

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Randy Reisling							
Full Name of Contributor Barb & Bob Reisling					Registration Number, if PAC		
Street Address 765 Citation Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 8	D 2 8	Y 1 1	Amount 100.00	
Full Name of Contributor Tom & Sherry Minton					Registration Number, if PAC		
Street Address 1619 Tuscara Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 8	D 2 6	Y 1 1	Amount 40.00	
Full Name of Contributor Ed Leonard					Registration Number, if PAC		
Street Address 573 Bradley St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 8	D 2 8	Y 1 1	Amount 40.00	
Full Name of Contributor Janet Shailer					Registration Number, if PAC		
Street Address 6269 Rising Sun		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 8	D 2 8	Y 1 1	Amount 30.00	
Full Name of Contributor Amy Dawson					Registration Number, if PAC		
Street Address 6084 Winnebago st		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 8	D 2 8	Y 1 1	Amount 20.00	
Full Name of Contributor Bill Lotz					Registration Number, if PAC		
Street Address 3800 ZuberRd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 8	D 2 8	Y 1 1	Amount 25.00	
Full Name of Contributor Gary Leasure					Registration Number, if PAC		
Street Address 4780 Saint Andrews		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 8	D 2 8	Y 1 1	Amount 100.00	
Full Name of Contributor Dave Hitchcock					Registration Number, if PAC		
Street Address 2269 Hillswood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 9	D 0 1	Y 1 1	Amount 40.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 395.00