

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Randy Reisling							
Full Name of Contributor Georgine Collette					Registration Number, if PAC		
Street Address 3844 Stonesthrow		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 8	D 2	Y 8	Amount 20.00	
Full Name of Contributor Scott Counts					Registration Number, if PAC		
Street Address POBOX 1161		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43216	M 8	D 2	Y 6	Amount 25.00	
Full Name of Contributor Jim & Janet Lester					Registration Number, if PAC		
Street Address 2821 Homecomer Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 8	D 2	Y 6	Amount 50.00	
Full Name of Contributor Patrick Lewis					Registration Number, if PAC		
Street Address 1978 Mayflower Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 9	D 0	Y 1	Amount 25.00	
Full Name of Contributor Jim & Linda Swearingen					Registration Number, if PAC		
Street Address 2303 Milligan Grove		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 8	D 2	Y 5	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **220.00**