

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Randy Reisling				
Full Name of Contributor Ed Palmer			Registration Number, if PAC	
Street Address 6382 Wahl Ct	Employer/Occupation/Labor Organization* SWCS/Principal		M 0	D 9
City Grove City	State OH	Zip Code 43123	Y 0	Amount 100.00
Form(Cash,Check,etc) CHECK				
Full Name of Contributor Doug Johnson			Registration Number, if PAC	
Street Address 7475 Opossum Run Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City London	State OH	Zip Code 43140	Y 0	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Joseph Palazzo			Registration Number, if PAC	
Street Address 5854 Ravine Creek Dr	Employer/Occupation/Labor Organization* Hillard Schl/Guidance		M 0	D 9
City Grove City	State OH	Zip Code 43123	Y 0	Amount 25.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Ed Leonard			Registration Number, if PAC	
Street Address 3030 Gleska Dr	Employer/Occupation/Labor Organization* Franklin County Treas.		M 0	D 9
City Columbus	State OH	Zip Code 43219	Y 0	Amount 40.00
Form(Cash,Check,etc) Check				
Full Name of Contributor William G. McCarty			Registration Number, if PAC	
Street Address 224 Darbyhurst Rd	Employer/Occupation/Labor Organization* Giant Eagle/Manager		M 0	D 9
City Columbus	State OH	Zip Code 43228	Y 0	Amount 25.00
Form(Cash,Check,etc) Check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

* 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)]

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

290.00

Total expenditures this event

Page Total \$ 290.00 ✓