

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Randy Reisling							
Full Name of Contributor Sue Corbin					Registration Number, if PAC		
Street Address 4460 Hoover Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 1	Y 0 7	Amount 100.00	
Full Name of Contributor Dick Belter					Registration Number, if PAC		
Street Address 1377 Whitby Sq N		Employer/Occupation/Labor Organization* DSW			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 0 9	D 1 1	Y 0 7	Amount 25.00	
Full Name of Contributor Anne Belter					Registration Number, if PAC		
Street Address 1377 Whitby Sq N		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 0 9	D 1 1	Y 0 7	Amount 25.00	
Full Name of Contributor Bob Ruth					Registration Number, if PAC		
Street Address 5030 Harrisburg Georgesville Rd		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 1	Y 0 7	Amount 40.00	
Full Name of Contributor Marilyn Parrish					Registration Number, if PAC		
Street Address 2009 Eve Dr		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Steubenville	State O H	Zip Code 43952	M 0 9	D 1 2	Y 0 7	Amount 100.00	
Full Name of Contributor Don Brown					Registration Number, if PAC		
Street Address 5364 Hoover Rd		Employer/Occupation/Labor Organization* YMCA/Office Job			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 3	Y 0 7	Amount 40.00	
Full Name of Contributor XXXXXXXXXXXX					Registration Number, if PAC		
Street Address XXXXXXXXXXXXXXXXXX		Employer/Occupation/Labor Organization* XXXXXXXXXXXXXXXXXXXX			Form (Cash, Check, etc.)		
City XXXXXX	State 	Zip Code	M 	D 	Y 	Amount 0.00	
Full Name of Contributor Richard Mulvany					Registration Number, if PAC		
Street Address 2150 Ravine Woods Dr		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 3	Y 0 7	Amount 20.00	

* 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 \$ 350.00