| Page | 2 | |
|------|---|--|
| | | |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | |
|--|--|---------------------------|------------|--------------------------|-------------|---------------------------|
| Name of Committee in Full | | | | | | |
| Friends of Randy Reisling | | <u> </u> | en : | | i :cn. | |
| Full Name of Contributor | | | Registra | tton Nun | ber, if PA | U |
| Dave & Judy Burris | T= | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| 4375 Shirlene ct | | | | | | check |
| City | State | Zip Code | M | Ð | Y | Amount |
| Grove City | $O \mid H$ | 43123 | 8 | | | 40.00 |
| Full Name of Contributor | | | Registra | ation Nun | ber, if PA | С |
| Rick & Melissa Forney | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| 2377 Spring Cress Ave | | | | | ! | check |
| City | State | Zip Code | М | D | Ÿ | Amount |
| Grove City | OH | 43123 | 18 | 2 3 | 1 1 | 40.00 |
| Full Name of Contributor | | | _ | | ber, if PA | |
| Stewart Corbin & Paul Burrier | | | 1 | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| 2222 Hillswood Rd | | • | | | | check |
| City | State | Zip Code | М | D | Y | Amount |
| Grove City | OH | 43123 | 018 | 1 . | | 40.00 |
| Full Name of Contributor | 10 | 10120 | | | ber, if PA | |
| Grant Miller | | | i (Ugisti) | | -001, II 17 | |
| Street Address | Employer/Ocean | ation/Labor Organization* | <u> </u> | | | Form (Cash, Check, etc.) |
| | TEMPROYES/COCCUP | anomizator Organization | | | | i ' ' ' |
| 2292 Ravine Woods Dr | | 7: 0.1 | 1 1/ | 1 5 | 1 0 | check |
| City | State | Zip Code | M | D | Y | Amount |
| Grove City | OH | 43123 | 8 | | | 25.00 |
| Full Name of Contributor | | | Registra | atron Nun | nber, if PA | .c |
| | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| | | | | | | |
| City | State | Zip Code | M | D | Y | Amount |
| | | <u></u> | | | | |
| Full Name of Contributor | | | Registr | ation Nun | aber, if PA | ı.C |
| 1 | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| | | | | | | |
| City | State | Zip Code | М | D | Y | Amount |
| | 1 1 | • | | 1 | 1 | · |
| Full Name of Contributor | ! | <u> </u> | Registr | ation Nun | nber, if PA | C |
| | | | | | , | |
| Street Address | Employer/Occum | ation/Labor Organization* | <u> </u> | | | Form (Cash, Check, etc.) |
| Steet Audies | izanpioyer/occup | anour Labor Organizaçion | | | | i oin (casi, check, out.) |
| | Si-t- | 7:- C-1- | М | T D | Y | A |
| City | State | Zip Code | M | ۱ ′′ | 1 | Amount |
| | | | | | 1 20 | |
| Full Name of Contributor Registration Number, if PAC | | | | | | |
| | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* Form (Cash, Chec | | | Form (Cash, Check, etc.) | | |
| | 1 | | | , | | |
| City | State | Zip Code | М | D | Y | Amount |
| | | | | | <u> </u> | <u> </u> |
| | | | | | | |

| Page Total | \$ 145.00 |
|------------|--------------|
| | |

[•] 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)]