31-A
R.C. 3517.10

Page 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Randy Reisling								
Full Name of Contributor							Registration Number, if PAC	
Dianna Vanburen								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6965 Wigwam Way	State Auto/Claims Mgr						Check	
City	State	Zip Code	M	D	Y		Amount	
Reynoldsburg	O | H	43068	0|9	2|7	0|7		50.00	
Full Name of Contributor							Registration Number, if PAC	
Greg Burke								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6271 Oakhurst Dr	SWCS/ Athletic Dir.						Check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O | H	43123	0|9	2|8	0|7		100.00	
Full Name of Contributor							Registration Number, if PAC	
James Grube								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7726 Cumberland Circle	SWCS/ Personnel Dir.						Check	
City	State	Zip Code	M	D	Y		Amount	
Canal Winchester	O | H	43110	0|9	2|8	0|7		75.00	
Full Name of Contributor							Registration Number, if PAC	
Ted Nixon								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2212 Marshrun Ct							check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O | H	43123	0|9	2|9	0|7		40.00	
Full Name of Contributor							Registration Number, if PAC	
Joyce Malainy								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
13713 Jug St Rd NW	SWCS/ Asst. Superintendent						Check	
City	State	Zip Code	M	D	Y		Amount	
Johnstown	O | H	43031	0|9	3|0	0|7		100.00	
Full Name of Contributor							Registration Number, if PAC	
Everyone for Edward Leonard (Justin Nahvi Treasurer)								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1858 Woodside Dr							Check	
City	State	Zip Code	M	D	Y		Amount	
Marysville	O | H	43040	1|0	0|1	0|7		100.00	
Full Name of Contributor							Registration Number, if PAC	
Jill Wooldridge								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2435 Zuber Rd							check	
City	State	Zip Code	M	D	Y		Amount	
Orient	O | H	43146	1|0	0|1	0|7		20.00	
Full Name of Contributor							Registration Number, if PAC	
South-Western Administrators Assoc								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2803 Southwest Blvd							check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O | H	43123	1|0	0|9	0|7		500.00	

* 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 $ 985.00