

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Randy Reisling							
Full Name of Contributor Rolla Beach III					Registration Number, if PAC		
Street Address 4148 Rowanne Ct		Employer/Occupation/Labor Organization* SWCS/Principal			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 1 0	Y 0 7	Amount 50.00	
Full Name of Contributor Robert Lewis					Registration Number, if PAC		
Street Address 4434 Clark Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 1 2	Y 0 7	Amount 50.00	
Full Name of Contributor Arthur Eversman					Registration Number, if PAC		
Street Address 2471 Zuber Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 0	D 1 4	Y 0 7	Amount 60.00	
Full Name of Contributor William Phillis					Registration Number, if PAC		
Street Address 1019 Torrey Hill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43228	M 1 0	D 1 5	Y 0 7	Amount 20.00	
Full Name of Contributor John D. Francis					Registration Number, if PAC		
Street Address 905 Cove Point Dr		Employer/Occupation/Labor Organization* Worthington Police/Lt			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43228	M 1 0	D 1 5	Y 0 7	Amount 50.00	
Full Name of Contributor Contributions from form No. 31-E					Registration Number, if PAC		
Street Address 7310 Ruoff Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Grove City	State O H	Zip Code 43123	M 0 9	D 2 9	Y 0 7	Amount 290.00	
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	

* 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)]