

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Randy Reisling													
Full Name of Contributor Citizens for Cheryl Grossman						Registration Number, if PAC ✓							
Street Address 3955 Brown Park Dr Ste A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Hilliard		State O H		Zip Code 43026		M 8		D 1		Y 2 1 1		Amount 100.00	
Full Name of Contributor John & Lisa Dubos						Registration Number, if PAC							
Street Address 1048 Pinnacle Club Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Grove City		State O H		Zip Code 43123		M 8		D 1		Y 5 1 1		Amount 200.00	
Full Name of Contributor Arlen & Gwen Miller						Registration Number, if PAC							
Street Address 2652 Dolores			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Grove City		State O H		Zip Code 43123		M 8		D 1		Y 7 1 1		Amount 50.00	
Full Name of Contributor Michael & Mary Padovan						Registration Number, if PAC							
Street Address 1192 Stanhope Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43221		M 8		D 1		Y 7 1 1		Amount 40.00	
Full Name of Contributor Diana Hanon Forrester						Registration Number, if PAC							
Street Address 4673 Clayburn Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Grove City		State O H		Zip Code 43123		M 8		D 1		Y 3 1 1		Amount 40.00	
Full Name of Contributor Patrick & Mary Ann Callaghan						Registration Number, if PAC							
Street Address 4634 Oracle Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Hilliard		State O H		Zip Code 43026		M 8		D 1		Y 9 1 1		Amount 25.00	
Full Name of Contributor Rene & Judy Molino						Registration Number, if PAC							
Street Address 1 Miranova Pl Apt 1105			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43215		M 8		D 1		Y 9 1 1		Amount 20.00	
Full Name of Contributor Les Bostic						Registration Number, if PAC							
Street Address 1898 Seaside Cir			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Grove City		State O H		Zip Code 43123		M 8		D 1		Y 9 1 1		Amount 40.00	

* 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 \$ **515.00**