31-A
R.C. 3517.10

Page 4

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**	
Christian Stock						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1723 White Rd						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	09	16	07	20.00
Full Name of Contributor					**Registration Number, if PAC**	
Janice Evans						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
2677 Vi-Lilly						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	09	16	07	10.00
Full Name of Contributor					**Registration Number, if PAC**	
Dianne Schoolcraft						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5959 Epernay Way	DSCC/Programmer					check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Galloway	OH	43119	09	16	07	40.00
Full Name of Contributor					**Registration Number, if PAC**	
Kevin Langen						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5020 Dublin Rd	SWCS/Teacher					check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Dublin	OH	43017	09	16	07	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Irma Green						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
4648 Barnwood Ct						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	09	17	07	20.00
Full Name of Contributor					**Registration Number, if PAC**	
Linda Lewis						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
3266 Lotz Dr						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	09	17	07	10.00
Full Name of Contributor					**Registration Number, if PAC**	
Chad Dotson						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
3323 Pebble Beach Dr	SWCS/Teacher					check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	09	19	07	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Bryan Mulvany						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
4739 Hunting Creek Dr	SWCS/IT					check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	09	22	07	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 $ 220.00