31-A
R.C. 3517.10

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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**	
Dawn Lauridsen							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6300 Rager Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Groveport	OH	43215	09	01	11		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Brent & Katherine Nowak							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3428 Patcon Way							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	OH	43026	09	06	11		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Jeff & Susan Colburn							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4860 Tayport Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	08	28	11		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Amy Wise							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2458 Hickorybend Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	08	28	11		75.00
Full Name of Contributor						**Registration Number, if PAC**	
Erik & Emily Jablonka							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2038 Mayflower Cir							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	02	11		40.00
Full Name of Contributor						**Registration Number, if PAC**	
Larry & Sue Corbin							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4460 Hoover							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	06	11		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Randy Reisling							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3178 Ranke Ct							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	08	16	11		150.00
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**

* 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 $ 425.00