

Page	2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

<u></u>								
Name of Committee in Full								
Friends of Randy Reisling								
				Registration Number, if PAC				
Carol Green								
Street Address	Employer/Occ	upation/Labor Organization	•				Form (Cash, Check, etc.)	
5500 Harrisburg-Georgesville Rd							Check	
City	State	Zip Code	М		D	Y	Amount	
Grove City	OFF	43123	1	0	118	0 7	20.00	
Full Name of Contributor			Reg	strat	ion Num	ber, if PA	.C	
Scott Deubner								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
7114 Stone Ct	SWCS						Check	
City	State	Zip Code	М		Đ	Y	Amount	
Columbus	$\mid O \mid F$	I 43235	11	0	2 3	017	75.00	
Full Name of Contributor		•	Reg	strat	ion Num	ber, if PA	.C	
South-Western Education Association								
Street Address	Employer/Occ	upation/Labor Organization	•				Form (Cash, Check, etc.)	
4074 Hoover Rd # 201	Teache	er Labor Organia	zation				Check	
City	State	Zip Code	М		D	Y	Amount	
Grove City	O E	I 43123	11	0	2 9	017	600.00	
Full Name of Contributor		•				ber, if PA	.c	
Street Address	Employer/Occ	upation/Labor Organization	•				Form (Cash, Check, etc.)	
City	State	Zip Code	М		D	Y	Amount	
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Full Name of Contributor	<u> </u>	L	Reg	strat	ion Num	ber, if PA	ic	
Street Address	Employer/Occupation/Labor Organization* Fo			Form (Cash, Check, etc.)				
City	State	Zip Code	М		D	Y	Amount	
Full Name of Contributor	•		Reg	istrat	ion Num	ber, if PA	ic .	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	M		D	Y	Amount	
	li				- 1			
Full Name of Contributor	· ·		Reg	istrai	ion Num	ber, if PA	C	
Street Address	Employer/Occ	upation/Labor Organization	*				Form (Cash, Check, etc.)	
							ļ	
City	State	Zip Code	М		D	Y	Amount	
	1 1					1		
Full Name of Contributor	<u> </u>		Reg	istra	ion Num	ber, if PA	vC	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
		•						
City	State	Zip Code	М		D	Y	Amount	
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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 \$	695.00