

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Randy Reisling							
Full Name of Contributor Clara Sheldon					Registration Number, if PAC		
Street Address 2348 Willow Side Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 3	Y 0 7	Amount 20.00	
Full Name of Contributor Maria Klemack-McGraw					Registration Number, if PAC		
Street Address 2579 SCOTT CT		Employer/Occupation/Labor Organization* Children's Hospital/Translator			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 3	Y 0 7	Amount 20.00	
Full Name of Contributor Paul Miller					Registration Number, if PAC		
Street Address 2570 Mc Donald Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 4	Y 0 7	Amount 20.00	
Full Name of Contributor Brenda Steinhoff					Registration Number, if PAC		
Street Address 1581 Holton Rd		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 4	Y 0 7	Amount 40.00	
Full Name of Contributor Robert Reisling					Registration Number, if PAC		
Street Address 765 Citation Ct		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 5	Y 0 7	Amount 500.00	
Full Name of Contributor Brian Shinn					Registration Number, if PAC		
Street Address 137 Morse Rd		Employer/Occupation/Labor Organization* Secretary of State/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 9	D 1 5	Y 0 7	Amount 50.00	
Full Name of Contributor Melinda Ackerman					Registration Number, if PAC		
Street Address 1111 Sanctuary Pl		Employer/Occupation/Labor Organization* Huntington Bank/VP Human Resources			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 5	Y 0 7	Amount 100.00	
Full Name of Contributor Jim Moran					Registration Number, if PAC		
Street Address 6229 Brookmeade Circle		Employer/Occupation/Labor Organization* Presbyterian Church/Pastor			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 5	Y 0 7	Amount 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 \$ 770.00