31-A
R.C. 3517.10

Page 5

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**	
Richard Cordray							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4900 Grove City Rd	State of Ohio/State Treas.						check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	22	07		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Jack Smith							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3453 Highland St							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	23	07		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Greg Grinch							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2560 Bryan Circle	retired						check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	23	07		75.00
Full Name of Contributor						**Registration Number, if PAC**	
Citizens for Cheryl Grossman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
865 Macon Alley							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43206	09	23	07		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Michael Uhrin							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5580 Meadow Grove Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	24	07		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Charlene Nardone							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3110 Escott St							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	25	07		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Roxanne Bullock							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3268 Kingswood Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	25	07		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Jody Burris							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4375 Shirlene Ct							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	09	26	07		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 $ 325.00