Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of Randy Reisling			1			
Name of Contributor			Registration Number, if PAC			
Randy Reisling Street Address	Tr 1 10					- (0.10)
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3178 Ranke Ct	MacAulay Brown, Inc./Software Eng				Check	
City Grove City	State O H	Zip Code 43123	$\begin{bmatrix} M \\ 0 \end{bmatrix} 4$	D 1 7	017	Amount 1,000.00
Full Name of Contributor	<u> </u>			tion Numl		
Richard Stage			1			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2733 Woodgrove Dr	Oak Hills Bank/VP				!	Check
City	State	Zip Code	М	D	Y	Amount
Grove City	O H	43123	017	017	0 7	100.00
Full Name of Contributor	Registration Number, if PA				C	
Kelly Reisling						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
3178 Ranke Ct	State A	uto/Territory Mgr				Check
City	State	Zip Code	М	D	Y	Amount
Grove City	OIH	43123	017	2 1	0 7	275.00
Full Name of Contributor			Registra	tion Num	ber, if PA	c
Kelly Reisling						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3178 Ranke Ct	State Auto/Territory Mgr					Check
City	State	Zip Code	М	D	Υ	Amount
Grove City	OIH	43123	017	3 0	0 7	1,000.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Roy Steinhoff			<u> </u>			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1581 Holton Rd	Retired				Cash	
City	State	Zip Code	M	D	Y	Amount
Grove City	OIH	43123		05	017	60.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
Gary Leasure						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2485 Milligan Grove	Ace Trucking/Owner			ΙΥ	Check	
City	State O H	Zip Code	M	D	1	
Grove City Full Name of Contributor	OIH	43123	Pariete	0 1	UI/	E
			Registi	шоп мшп	oci, u rz	ic .
Steven Jackson Street Address	Employer/Open	ention() shor Organization*				Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization* Madison School District/Teacher				Check	
2016 Autumn Wind Dr	State	Zip Code	М	:1 D	Y	Amount
1 1	O H			018	1	1
Grove City Full Name of Contributor	10 111	43123				
Full Name of Contributor Registration Number, if PAC William Purdy						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6090 Catawba Dr	Retired			Check		
City	State	Zip Code	М	D	Y	Amount
Grove City	OH		019	019	017	50.00
Olove Olly				, , ,	. ~ ; , /	

Page Total	\$ 2,745.00

^{*} 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)]