

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern									
Full Name of Contributor Jodie Damron						Registration Number, if PAC			
Street Address 6299 Carolann Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 0	
						Y 1 1		Amount 1.00	
Full Name of Contributor Scott Brick						Registration Number, if PAC			
Street Address 6272 Carol Ann Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 0	
						Y 1 1		Amount 1.00	
Full Name of Contributor Brian Sass						Registration Number, if PAC			
Street Address 6219 Richard Ross Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 1	
						Y 1 1		Amount 1.00	
Full Name of Contributor Jeff Holdren						Registration Number, if PAC			
Street Address 6244 Marshall Bay Circle				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 1	
						Y 1 1		Amount 1.00	
Full Name of Contributor Margaret Harne						Registration Number, if PAC			
Street Address 6172 Richard Ross Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 1	
						Y 1 1		Amount 2.00	
Full Name of Contributor Susan Shepherd						Registration Number, if PAC			
Street Address 6413 Ewin Circle				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 2	
						Y 1 1		Amount 1.00	
Full Name of Contributor Travis Ressler						Registration Number, if PAC			
Street Address 478 Scioto Meadows Blvd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 2	
						Y 1 1		Amount 2.00	
Full Name of Contributor John Nichols						Registration Number, if PAC			
Street Address 726 Scioto Meadows				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 2 2	
						Y 1 1		Amount 1.00	

* 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 \$ 10.00