

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern									
Full Name of Contributor Donna Morgan						Registration Number, if PAC			
Street Address 830 Cardinal Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Starkville	State M	Zip Code 39759	M 0	D 9	Y 1	Amount 10.00			
Full Name of Contributor Paul Rahnkt						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Bowling Green	State O	Zip Code H	M 0	D 9	Y 1	Amount 1.00			
Full Name of Contributor Sizir Grich						Registration Number, if PAC			
Street Address 4133 Broadway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	Zip Code H	M 0	D 9	Y 1	Amount 1.00			
Full Name of Contributor Carol Tolliver						Registration Number, if PAC			
Street Address 1478 River Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	Zip Code H	M 0	D 9	Y 1	Amount 2.00			
Full Name of Contributor Paul Snodgrass						Registration Number, if PAC			
Street Address 6390 Rising Sun			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	Zip Code H	M 0	D 9	Y 1	Amount 1.00			
Full Name of Contributor Luther Shimer						Registration Number, if PAC			
Street Address 6385 Rising Sun			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	Zip Code H	M 0	D 9	Y 1	Amount 2.00			
Full Name of Contributor Danny Hoffman						Registration Number, if PAC			
Street Address 1301 River Trail Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	Zip Code H	M 0	D 9	Y 1	Amount 1.00			
Full Name of Contributor Beverly Cory						Registration Number, if PAC			
Street Address 6338 Rising Sun Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	Zip Code H	M 0	D 9	Y 1	Amount 2.00			

* 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 \$ 20.00