

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern							
Full Name of Contributor Jim Wymer					Registration Number, if PAC		
Street Address 6415 Rising Sun		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 1	Amount 1.00	
Full Name of Contributor John King					Registration Number, if PAC		
Street Address 5143 Winter Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 1	Amount 2.00	
Full Name of Contributor Rea Roberto					Registration Number, if PAC		
Street Address 1939 Sunny Creek Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 1	Amount 1.00	
Full Name of Contributor Matt Reed					Registration Number, if PAC		
Street Address 5133 Winter Creek		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 1	Amount 2.00	
Full Name of Contributor Ada Haughn					Registration Number, if PAC		
Street Address 1909 Sunny Creek		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 1	Amount 1.00	
Full Name of Contributor Lisa Bright					Registration Number, if PAC		
Street Address 5123 Winter Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 1	Amount 1.00	
Full Name of Contributor Vickie Quinn					Registration Number, if PAC		
Street Address 5094 Winter Creek		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 1	Amount 1.00	
Full Name of Contributor Steve Moorland					Registration Number, if PAC		
Street Address 5173 Winter Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 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