## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full						
Friends of Redfern						
Full Name of Contributor	Registration Number		nber, if P/	AC .		
Shanda Bell						
Street Address	Employer/Occupa	ation/Labor Organization*			Form (Cash, Check, etc.)	
4267 Eleanor					Cash	
City	State	Zip Code	M D	Y	Amount	
Grove City	O H	43123	0 9 1 8	11	1.00	
Full Name of Contributor		<del> </del>	Registration Nur	nber, if P	AC	
Robert Peoples						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3222 Angela Drive				_	Cash	
City	State	Zip Code	M D	Y	Amount	
Grove City	O H	43123	0 9 1 8	111	1.00	
Full Name of Contributor			Registration Nur	nber, if P	VC .	
Jack Edwards				_		
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)	
3188 Angela Drive		!		_	Cash	
City	State	Zip Code	M D	Y	Аглошлі	
Grove City	O   H	43123	0 9 1 8	111	2.00	
Full Name of Contributor			Registration Nur	nber, if P	AC	
Patricia Haldeman						
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)	
3267 Kingswood				_	Cash	
City	State	Zip Code	M D	Y	Amount	
Grove City	OH	43123	0 9 1 8	111	1.00	
Full Name of Contributor			Registration Nur	nber, if P	AC	
Delores Heron	_	<u> </u>				
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)	
3171 Kingswood				_	Cash	
City	State	Zip Code	M D	Y	Amount	
Grove City	OH	43123	0 9 1 8	111	1.00	
Full Name of Contributor			Registration Nu	nber, if P	AC	
Richard C. Borror						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3036 Leeds Rd.					Check	
City	State	Zip Code	M D	Y	Amount	
Columbus	O   H_	43221+2623	0 9 2 0		150.00	
Full Name of Contributor		1	Registration Nu	mber, if P.	AC	
Jeffrey Collins		<u></u>				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
397 West River Drive	<u> </u>			Cash		
City	State	Zip Code	M D	Y	Amount	
Grove City	O   H_	43123	0 9 2 0		1.00	
Full Name of Contributor Registration Number, if PAC						
Dave Whitte		<u></u>				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6326 Leslie Ann Court				Cash		
City	State	Zip Code	M D	Y	Amount	
Grove City	OH	43123	0 9 2 0		2.00	
0.00	4 1 1	didatas If contributor is salf	amalamad the coors	asion and	the name of the	

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 \$	159.00
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