

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern									
Full Name of Contributor Julie Gibson						Registration Number, if PAC			
Street Address 4638 Tavport Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 5	Y 1 1	Amount 1.00			
Full Name of Contributor Paul Bastion						Registration Number, if PAC			
Street Address 1995 Autumn Wind Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 5	Y 1 1	Amount 1.00			
Full Name of Contributor Loretta Crist						Registration Number, if PAC			
Street Address 4766 Tavport Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 5	Y 1 1	Amount 1.00			
Full Name of Contributor Tonya Kreml						Registration Number, if PAC			
Street Address 4908 Morning Light			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 5	Y 1 1	Amount 5.00			
Full Name of Contributor Tasha Rutan						Registration Number, if PAC			
Street Address 3110 Kinswood			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 8	Y 1 1	Amount 1.00			
Full Name of Contributor Homer Gearheart						Registration Number, if PAC			
Street Address 3163 Kingswood			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 8	Y 1 1	Amount 1.00			
Full Name of Contributor Dick Thompson						Registration Number, if PAC			
Street Address 3130 Angela Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 8	Y 1 1	Amount 5.00			
Full Name of Contributor John Doe						Registration Number, if PAC			
Street Address 3259 Angela Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 8	Y 1 1	Amount 7.26			

* 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 \$ **22.26**