

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern			
Full Name of Contributor Colleen E. Cunningham	Employer, Occupation, Labor Organization * South-Western City Schools	Registration Number, if PAC	
Street Address 3513 Lake Louise Drive	Description of Item or Service Purchased Post-its	M D Y 0 8 2 4 1 1	Fair Market Value 45.00
City Grove City	State Zip Code O H 43123	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Len Immke Buick	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 300 N. Hamilton Road	Description of Item or Service Use of truck	M D Y 0 9 1 7 1 1	Fair Market Value 100.00
City Columbus	State Zip Code O H 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Colleen E. Cunningham	Employer, Occupation, Labor Organization * South-Western City Schools	Registration Number, if PAC	
Street Address 3513 Lake Louise Drive	Description of Item or Service Box of pencils	M D Y 0 9 1 7 1 1	Fair Market Value 9.00
City Grove City	State Zip Code O H 43123	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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 \$ 154.00

No Changes Made