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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

		•						
Name of Committee in Full								
Friends of Redfern								
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Colleen E. Cunningham	South-Western City Schools							
Street Address	Description of Item or Service			D	Y	Fair Market Valu		
3513 Lake Louise Drive	Purchased Post-its			2 4	111		45.00	
City	State Zip Code			Received at Fundraising Event?				
Grove City	<u> </u>	43123		YES		✓NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if Pa	AC .		
Len Immke Buick		•	ł					
Street Address	Description of Item or Service			D	Y	Fair Market Valu	e	
300 N. Hamilton Road	Use of truck			1 7	111		100.00	
City	State	Zip Code		d at Fund		vent?		
Columbus	О∣Н	43213		YES		✓ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Colleen E. Cunningham		estern City Schools						
Street Address	Description of It		М	. D	. Y	Fair Market Valu	ne .	
3513 Lake Louise Drive			1	1 7	ľ	1	9.00	
City	Box of pencils State Zip Code			d at Fund			7.00	
Grove City	O H	43123	I Company	YES	and to	NO		
Full Name of Contributor		pation, Labor Organization *	Dagigtes	tion Num	har if D			
rus radic of Controllio	Employer, Occu	pation, Labor Organization	Kegisua	uon num	DCI, II F	AC.		
Street Address	Description of Item or Service			D	Y	Fair Market Valu	e	
City	State	Zip Code	Receive	d at Fundi	raising E			
				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Service			D	Y	Fair Market Valu	e	
City	State	Zip Code	Receive	d at Fundi	raising E	vent?		
			L	YES		NO		
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
			1					
Street Address	Description of Item or Service		М	D	Y	Fair Market Valu	e	
					l 1			
City	State	Zip Code	Receive	d at Fundi	raising E	vent?		
	1 1			YES	_	□NO		
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registra	tion Num	ber, if P/	AC		
					•			
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	e	
				ì	l 1			
City	State	Zip Code	Receive	d at Fundi	raisine F	Vent?		
		Zap cost		YES	moning E	NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if P/	AC		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	e	
						<u> </u>		
City	State	Zip Code	Receive	d at Fundi	aising E		•	
				YES		NO		

Page Total \$	154.00
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^{*} 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)]