

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern							
Full Name of Contributor Brian Spencer					Registration Number, if PAC NA		
Street Address Lake Louise Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 2	Amount 1.00	
Full Name of Contributor Sandy Gordonier					Registration Number, if PAC		
Street Address 1743 Sweet Tree Lan		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Wright City	State M O	Zip Code 63390	M 0	D 8	Y 2	Amount 1.00	
Full Name of Contributor Jeanne Rockwell					Registration Number, if PAC		
Street Address P. O. Box 12		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Lakeville	State I N	Zip Code 46536	M 0	D 8	Y 2	Amount 1.00	
Full Name of Contributor Rocky Rockwell					Registration Number, if PAC		
Street Address P. O. Box 12		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Lakeville	State I N	Zip Code 46536	M 0	D 8	Y 2	Amount 1.00	
Full Name of Contributor James Rockwell					Registration Number, if PAC		
Street Address P. O. Box 12		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Lakeville	State I N	Zip Code 46536	M 0	D 8	Y 2	Amount 1.00	
Full Name of Contributor Donna Crablit					Registration Number, if PAC		
Street Address 5799 Quail Run Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 2	Amount 1.00	
Full Name of Contributor Robert and Viola Briggman					Registration Number, if PAC		
Street Address 5839 Quail Run Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 2	Amount 10.00	
Full Name of Contributor Jim Swanson					Registration Number, if PAC		
Street Address 5847		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 8	Y 2	Amount 2.00	

* 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 \$ 18.00