

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern							
Full Name of Contributor Trish Leahy					Registration Number, if PAC		
Street Address 2427 Ziner Circle S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 2	Amount 5.00	
Full Name of Contributor Amber DeVal					Registration Number, if PAC		
Street Address 2346 Ziner Circle S.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 2	Amount 1.00	
Full Name of Contributor Justin Bailey					Registration Number, if PAC		
Street Address 5933 Aquamarine		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 2	Amount 1.00	
Full Name of Contributor Amy Svetlicks					Registration Number, if PAC		
Street Address 5926 Sapphire Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 2	Amount 1.00	
Full Name of Contributor Tad Kuhn					Registration Number, if PAC		
Street Address 6419 Antoinette Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 2	Amount 1.00	
Full Name of Contributor Herman Tidwell					Registration Number, if PAC		
Street Address 6401 Fountain Views		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 2	Amount 1.00	
Full Name of Contributor Patrick Munvon					Registration Number, if PAC		
Street Address 1224 Great Hunter Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 0	Amount 5.00	
Full Name of Contributor Susan Stoney					Registration Number, if PAC		
Street Address 1373 Wildhorse Wav		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 0	Amount 1.00	

* 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 \$ 16.00