Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Part September State Cap Code State C						•			
Registration Number, if PAC Registration Number, if PAC Cash Cas	Name of Committee in Full								
Registration Number, if PAC Registration Number, if PAC Cash Cas	Friends of Redfern								
State Address Speed Addr					Registration Number, if PAC				
State Address Speed Addr	Ron Hall		•						
State		Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
State	5741 Cypress Hollow Ct.		1				Cash		
Carove City		State	Zip Code	М	D	Y			
Four Number of Contributors Four (Cash, Check, etc.) Cash		lo i H	43123	าไกโล	218	1111	l	1.00	
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State		Employer/Occup	ation/Labor Oreanization*		_		Form (Cash, Chec	ck. etc.)	
State								, ,	
Grove City		State	Zin Code !	1 14	Гр	Ιv			
Registration Number, if PAC Registration Number, if PAC State Zip Code M D Y Amount	l		, · · · · · · · · · · · · · · · · · · ·	1	1	ì . '	Zanoun	1.00	
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Cash	Grove City	0 11	43125					1.00	
Employer/Occupation/Labor Organization*	Ī		!	Regisua	нын иш	ibei, ii F	10		
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State		Employer/Occup	ation/Labor Organization*						
Grove City			To: 0 1 1		,				
Full Name of Contributor Bob Borgman State Zip Code M D Y Amount	_		\$ ·	1	1	1 . '	Amount	1 00	
Bob Borgman		O H_	43123					1,00	
Employer/Occupation/Labor Organization*	1		•	Registra	ition Num	ber, if PA	AC		
Cash									
State Zip Code M D Y Amount		Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Grove City	2348 Quail Meado Drive					Cash			
Form Valters State Zip Code May Day Amount	City	State	Zip Code	М.	1	Y	Amount		
Full Name of Contributor	Grove City	O H	43123		2 8	1 1		1.00	
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Full Name of Contributor		1	Registra	tion Num	ber, if P/	AC		
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Tom Walters								
State Cip Code M D Y Amount		Employer/Occup	ation/Labor Organization*		•		Form (Cash, Chee	ck, etc.)	
State Cip Code M D Y Amount	5832 Birch Bark Circle						Cash		
Registration Number, if PAC		State	Zip Code	М	D	Y			
Registration Number, if PAC	Grove City	OH	43123	-1018	218	1111		2.00	
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
State City O H 43123 O 8 2 8 1 1 1,00	2458 Quail Meadow Drive		•				Cash		
Crove City		State	Zip Code	М	D	Y			
Registration Number, if PAC	1	l	l -	1 .	1 .	111	1	1.00	
Street Address	Full Name of Contributor	0 1 22	10120			111	AC	1.00	
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Grove City		Ctata	Tain Code	1 14	T 5	l v			
Full Name of Contributor Kevin Boll Street Address 2424 Quail Meadow Drive City Registration Number, if PAC Form (Cash, Check, etc.) Cash Variount	1 ·		1 '	ţ	1		Aibount	1.00	
Kevin Boll Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 2424 Quail Meadow Drive Cash City State Zip Code M D Y Amount		0 11	43123					1.00	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 2424 Quail Meadow Drive State Zip Code M D Y Amount	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Kegistra	uon Num	iter, if PA	···		
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City State Zip Code M D Y Amount		employer/Occup	ation/Labor Organization*						
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Grove City O H 43123			1 '	Į	(Amount	. 00	
	Grove City	O H	<u>43123</u>	1018	12 8	111		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)]

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Page Total \$	<u> </u>