

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern									
Full Name of Contributor Tim Qurck						Registration Number, if PAC			
Street Address 1266 River Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 2	Amount 1.00			
Full Name of Contributor Melissa Yank						Registration Number, if PAC			
Street Address 1290 Great Hunter Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 2	Amount 1.00			
Full Name of Contributor Gail Barnes						Registration Number, if PAC			
Street Address 1335 Great Hunter Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 2	Amount 1.00			
Full Name of Contributor Carol Disanto						Registration Number, if PAC			
Street Address 1352 River Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 2	Amount 1.00			
Full Name of Contributor John Carpenter						Registration Number, if PAC			
Street Address 1286 River Trail Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 2	Amount 1.00			
Full Name of Contributor Kim Redfern						Registration Number, if PAC			
Street Address 2380 Cariline Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Online		
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 4	Amount 50.00			
Full Name of Contributor Christian Fuellgraf						Registration Number, if PAC			
Street Address 6163 Seneca Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 5	Amount 1.00			
Full Name of Contributor Trent Willis						Registration Number, if PAC			
Street Address 1571 Cree Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 6	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 \$ 57.00