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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Redfern		–	- In .					
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .		
Trish Leahy	-							
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Chec	k, etc.)	
2427 Ziner Circle S.						Cash		
City	State	Zip Code	M	D	Y	Amount		
Grove Citv	101	1 43123	0 9	2 5	111	<u> </u>	5.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC		
Amber DeVal			L					
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Chec	k, etc.)	
2346 Ziner Circle S.						Cash		
City	State	Zip Code	М	D	Y	Amount		
Grove City	0 1	1 43123	0 9	2 5	1 1	<u> </u>	1.00	
Full Name of Contributor				tion Num	ber, if P	AC		
Justin Bailey								
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Chec	k, etc.)	
5933 Aquamarine		-				Cash		
City	State	Zip Code	М	D	Y	Amount		
Grove City	110		0 9		1 1	i	1.00	
Full Name of Contributor		10120		tion Num		AC .	2.00	
Amy Svetlicks		1						
Street Address	Employer/Oc.	cupation/Labor Organization*				Form (Cash, Chec	k, etc.)	
5926 Sapphire Court	Employer Occupation Lacol Organization			Cash	. /			
City City	State	Zip Code	М	D	Y	Amount		
1	4	43123	0 9		1 1	1	1.00	
Grove City Full Name of Contributor	1011	<u>+ [43123 </u>		tion Num	A ! A	AC.	1.00	
			VCR19II 8	Vit I TIMII				
Tad Kuhn	Employed/0-	ounation/Labor Organization#	···			Form (Cash, Chec	k etc.)	
Street Address	Employer/Occupation/Labor Organization*					м, осо. ј		
6419 Antoinette Court		7in Codo	1 14	D	Y	Cash Amount		
City	State	Zip Code	M	1 1		Madall	1 00	
Grove City	101	1 43123		2 9	1 1	<u> </u>	1.00	
Full Name of Contributor			Kegistra	tion Num	oct, ii Pi	10		
<u>Herman Tidwell</u>						Fr (C. 1. C.	14- \	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
6401 Fountain Views		E: 0.1		T 6	1 7	Cash		
City	State	Zip Code	M	D	Y	Amount	1.00	
Grove Citv	<u> </u>	1 43123	0 9		1 1	<u> </u>	1.00	
Full Name of Contributor			Registra	tion Num	iber, if Pa	AC		
Patrick Munyon								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1224 Great Hunter Drive			· · · · · · · · · · · · · · · · · · ·			Cash		
City	State	Zip Code	М	D	Y	Amount		
Grove City	O I	H 43123	10		1 1	<u> </u>	5.00	
Full Name of Contributor			Registre	tion Num	ber, if P	AC		
Susan Stonev								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1373 Wildhorse Way						Cash		
City	State	Zip Code	М	D	Y	Amount		
Grove City	O F	H 43123	1 0	0 2	1 1		1.00	
CIOTO CIOT		111	16 1 1		أمسم مسأم	the name of the		

* 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