

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern							
Full Name of Contributor Brenda Coffey					Registration Number, if PAC		
Street Address 5833 Birch Bark Court		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 Mickey Aycock					Registration Number, if PAC		
Street Address 5806 Birch Bark Court		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 Tim Lucks					Registration Number, if PAC		
Street Address 5947 Birch Bark Circle		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 Steve McCorry					Registration Number, if PAC		
Street Address 5777 Birch Bark Circle		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 Craig Lowe					Registration Number, if PAC		
Street Address 2232 Birch Bark Trail		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 George Humphrey					Registration Number, if PAC		
Street Address 5827 Quail Run 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 Tamara L. Andrews					Registration Number, if PAC		
Street Address 2432 Birch Bark Trail		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 50.00	
Full Name of Contributor Nora M. Carr					Registration Number, if PAC		
Street Address 2434 Quail Meadow 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 5.00	

* 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 \$ 61.00