

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern									
Full Name of Contributor Don Linder						Registration Number, if PAC			
Street Address 2399 Parkview Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 0 7	
						Y 1 1		Amount 2.00	
Full Name of Contributor John Turner						Registration Number, if PAC			
Street Address 3177 Scenic Way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 0 7	
						Y 1 1		Amount 1.00	
Full Name of Contributor Julie Capman						Registration Number, if PAC			
Street Address 3539 Devin				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 0 8	
						Y 1 1		Amount 1.00	
Full Name of Contributor Marvin Allmon						Registration Number, if PAC			
Street Address 2859 Addison				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 0 8	
						Y 1 1		Amount 1.00	
Full Name of Contributor Debbie Reeves						Registration Number, if PAC			
Street Address 2901 Addison				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 0 8	
						Y 1 1		Amount 1.00	
Full Name of Contributor Cyndi Compton						Registration Number, if PAC			
Street Address 2871 Harrisburg Pike				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 0 8	
						Y 1 1		Amount 1.00	
Full Name of Contributor Ali Ikhlayel						Registration Number, if PAC			
Street Address Broadway--Imperio Coffee				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 0 8	
						Y 1 1		Amount 1.00	
Full Name of Contributor Theresa Wahl						Registration Number, if PAC			
Street Address 3527 Devin				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State O H		Zip Code 43123		M 0 9		D 0 8	
						Y 1 1		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 \$ **9.00**