Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | • | | | | |
|-------------------------------------|---|--|------------------|-------------------------------|--------------------------|--|
| Friends of Redfern | | | | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | |
| Nancy Meeks | | | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 491 Scioto Meadows | | | | | Cash | |
| City | State | Zip Code | M D | Y | Amount | |
| Grove Citv | ОТН | 43123 | 019 212 | 1111 | 1.00 | |
| Full Name of Contributor | | 10120 | Registration Nun | | | |
| Kevin Stenerson | | | | , | | |
| Street Address | Employer/Occur | pation/Labor Organization* | ! | | Form (Cash, Check, etc.) | |
| 691 Scioto Meadow Blvd | | | | | | |
| City | State | Zip Code | MD | TY | Cash Amount | |
| | | | | 1 . | | |
| Grove City Full Name of Contributor | OIH | 43123 | 0 9 2 2 | 111 | 1.00 | |
| • | | | Registration Nun | iber, if PA | AC . | |
| Chris Poole | | | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 6365 Ewen Circle | | | | | Cash | |
| City | State | Zip Code | M D | Y | Amount | |
| Grove City | _ [O H | 43123 | 0 9 2 2 | [1 1] | 1,00 | |
| Full Name of Contributor | * | | Registration Nun | iber, if P/ | AC . | |
| Melissa Kilgore | | • | | | | |
| Street Address | Employer/Occup | oation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 552 W. River Drive | | | | l | Cash | |
| City | State | Zip Code | M D | Y | Amount | |
| Grove City | ОІН | 43123 | 0 9 2 2 | 1111 | 1.00 | |
| Full Name of Contributor | | 10110 | Registration Nun | <u> </u> | | |
| Tim Berlekamp | | | ľ | , | | |
| Street Address | Employer/Occur | nation/Labor Organization* | | , | Form (Cash, Check, etc.) | |
| 712 Scioto Meadows Blvd | | and the second of the second o | | | ` _ | |
| City | State | Zip Code | M D | ΙΥ | Cash Amount | |
| | | | 1 1 | 1 . 1 | | |
| Grove City Full Name of Contributor | IOIH | 43123 | 0 9 2 2 | 1 1 | 5.00 | |
| | Registration Number, if PAC | | | | | |
| Laura Teaford Street Address | | | | | | |
| | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| 450 Scioto Meadows | | | | | Cash | |
| City | State | Zip Code | M D | Y | Amount | |
| Grove City_ | _ O H | 43123 | <u>[0 9 2 3</u> | $\lfloor 1 \rfloor 1 \rfloor$ | 1.00 | |
| Full Name of Contributor | | | Registration Num | ber, if PA | ·C | |
| Tom Morgan | _ | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | • | | Form (Cash, Check, etc.) | |
| 2372 Ziner Circle S | <u> </u> | | | | Cash | |
| City | State | Zip Code | M D | Y | Amount | |
| Grove City | OH | 43123 | 0 9 2 5 | 1 1 | 2.00 | |
| Full Name of Contributor | | | Registration Num | | | |
| Lorraine Creebaum | | | | . , | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 2291 Ziner Circle S. | | | | | | |
| City | State | Zip Code | M D | Y | Cash Amount | |
| Grove City | | 43123 | 1 1 | | | |
| Ciove City | O_H_ | <u> 1312</u> 3 | 019[215 | $1 \mid 1$ | 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 \$ | 13.00 |
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