

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern												
Full Name of Contributor Brian Spencer						Registration Number, if PAC NA						
Street Address Lake Louise Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Grove City		State O H		Zip Code 43123		M 0 8		D 2 0		Y 1 1		Amount 1.00
Full Name of Contributor Sandy Gordonier						Registration Number, if PAC						
Street Address 1743 Sweet Tree Lan			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Wright City		State M O		Zip Code 63390		M 0 8		D 2 6		Y 1 1		Amount 1.00
Full Name of Contributor Jeanne Rockwell						Registration Number, if PAC						
Street Address P. O. Box 12			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Lakeville		State I N		Zip Code 46536		M 0 8		D 2 7		Y 1 1		Amount 1.00
Full Name of Contributor Rocky Rockwell						Registration Number, if PAC						
Street Address P. O. Box 12			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Lakeville		State I N		Zip Code 46536		M 0 8		D 2 7		Y 1 1		Amount 1.00
Full Name of Contributor James Rockwell						Registration Number, if PAC						
Street Address P. O. Box 12			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Lakeville		State I N		Zip Code 46536		M 0 8		D 2 7		Y 1 1		Amount 1.00
Full Name of Contributor Donna Crablit						Registration Number, if PAC						
Street Address 5799 Quail Run Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Grove City		State O H		Zip Code 43123		M 0 8		D 2 7		Y 1 1		Amount 1.00
Full Name of Contributor Viola Briggman						Registration Number, if PAC						
Street Address 5839 Quail Run Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Grove City		State O H		Zip Code 43123		M 0 8		D 2 7		Y 1 1		Amount 10.00
Full Name of Contributor Jim Swanson						Registration Number, if PAC						
Street Address 5847 Birch Bark Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Grove City		State O H		Zip Code 43123		M 0 8		D 2 7		Y 1 1		Amount 2.00

* 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 \$ 18.00

amended