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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				·	
Name of Committee in Full					
Friends of Redfern	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	In the second		
Full Name of Contributor		•		Registration Number, if PAC	
Mark Ely				In took o	
Street Address	Employer/Occupation/	Labor Organization*		Form (Cash, Check, etc.)	
3662 Park Street				Cash	
City		Code	M D Y	Amount	
Grove City	O H 4	3123	0 9 0 6 1 1	1.00	
Full Name of Contributor			Registration Number, if P	AC	
Sharon Sherrod					
Street Address	Employer/Occupation/	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3656 Park Street				Cach	
City	1 1 1	Code	M D Y	Amount	
Grove City	O H 4	3123	0 9 0 6 1 1	1.00	
Full Name of Contributor		1	Registration Number, if P	AC	
Anna Salthemier					
Street Address				Form (Cash, Check, etc.)	
3624 Park Street				Cash	
City	State Zip	Code	M D Y	Amount	
Grove City	O H 4	13123	0 9 0 6 1 1		
Full Name of Contributor			Registration Number, if P	AC	
Brent Bailev					
Street Address	Employer/Occupation	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3590 Park Street				Cash	
City	State Zip	Code	M D Y	Amount	
Grove City	O H 4	1 3123	0 9 0 6 1 1		
Full Name of Contributor		·	Registration Number, if I	PAC	
Connie Mathews					
Street Address Employer/Occupation/Labor Org		/Labor Organization*			
3502 Park Street				Cash	
City	State Zip	Code	M D Y	Amount	
Grove City	O H 4	<u>43123 </u>	019 0 6 1 1	1.00	
Full Name of Contributor			Registration Number, if I	PAC	
Andrea Krick	•				
Street Address	Employer/Occupation	/Labor Organization*		Form (Cash, Check, etc.)	
3158 Scenic Way				Cash	
City	State Zip	Code	M D Y	Amount	
Grove City	O H A	4312 <u>3 </u>	0 9 0 7 1 1		
Full Name of Contributor			Registration Number, if	PAC	
Sherry Bellmore	•				
reet Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2396 Parkview Drive				Cash	
City	State Zip	Code	M D Y	Amount	
Grove City	OIH	43123	0 9 0 7 1		
Full Name of Contributor			Registration Number, if	PAC	
Tom Hendrickson					
Street Address Employer/Occupation/Labor Organi				Form (Cash, Check, etc.)	
3167 Scenic Way				Cash	
City	State Zi	o Code	M D Y	Amount	
Crove City	O H	43123	0 9 0 7 1	-	
OTOVO CITY	ewide and general assembly candida	ates. If contributor is se	If-employed, the occupation ar	id 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 \$ 12.00