

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern									
Full Name of Contributor Mark Ely						Registration Number, if PAC			
Street Address 3662 Park Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	H H	Zip Code 43123	M 0	D 9	Y 0	Amount 1.00		
Full Name of Contributor Sharon Sherrod						Registration Number, if PAC			
Street Address 3656 Park Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	H H	Zip Code 43123	M 0	D 9	Y 0	Amount 1.00		
Full Name of Contributor Anna Salthemier						Registration Number, if PAC			
Street Address 3624 Park Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	H H	Zip Code 43123	M 0	D 9	Y 0	Amount 1.00		
Full Name of Contributor Brent Bailey						Registration Number, if PAC			
Street Address 3590 Park Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	H H	Zip Code 43123	M 0	D 9	Y 0	Amount 1.00		
Full Name of Contributor Connie Mathews						Registration Number, if PAC			
Street Address 3502 Park Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	H H	Zip Code 43123	M 0	D 9	Y 0	Amount 1.00		
Full Name of Contributor Andrea Krick						Registration Number, if PAC			
Street Address 3158 Scenic Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	H H	Zip Code 43123	M 0	D 9	Y 0	Amount 1.00		
Full Name of Contributor Sherry Bellmore						Registration Number, if PAC			
Street Address 2396 Parkview Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	H H	Zip Code 43123	M 0	D 9	Y 0	Amount 1.00		
Full Name of Contributor Tom Hendrickson						Registration Number, if PAC			
Street Address 3167 Scenic Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Grove City	State O	H H	Zip Code 43123	M 0	D 9	Y 0	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 \$ 12.00