31-J-1
R.C. 3517.10

In-Kind	Contribution	s Receive	പ്

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Prescribed by Secretary of State 3/05

		1						
Name of Committee in Full								
Friends of Redfern			I		· .c			
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Colleen E. Cunningham	South-Western City Schools			Τ	Ι ,,	In the same	<del></del>	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
3513 Lake Louise Drive	Purchased Thank Yous		1 1	2 2	1 1	<u> </u>	<u>53.95</u>	
City	State	Zip Code	Receive	1	raising Ev			
Grove City	$O \mid H$	43123		YES		✓ NO		
Full Name of Contributor	Employer, Occup	nation, Labor Organization *	Registra	tion Num	ber, if PA	AC	_	
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?		
Full Name of Contributor	Employer Occup	ation, Labor Organization *	Tregistra	•	ber, if PA			
Pull Name of Countouror			Kegisua					
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?		
	] j		l □	YES		□NO	I	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Num			ber, if PA	AC .			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	đat Fund	raising Ev	vent?		
·	] [			YES	_	□NO		
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	tion Num	iber, if PA	AC		
Street Address	Description of Ite	on Service	M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?		
city		Lip 5555		YES	• типон . В	NO		
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra		ber, if PA			
, — , , , , , , , , , , , , , , , , , ,					,			
Street Address	Description of Ite	m or Service	М	Ď	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				<u>.                                      </u>	
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Frind	raising Ev	wort?		
Cny		1		YES	_	NO		
Full Name of Contributor	Employer, Occup	nation, Labor Organization *	Registra	tion Num	ber, if PA	sĈ		
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?		

Page Total \$	53.95
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<sup>\*</sup> 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)}