31-A
R.C. 3517.10

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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	
Jennifer Faught								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6384 Seneca Way							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	10	08	11			1.00
Full Name of Contributor							Registration Number, if PAC	
Otis Pritchard								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6269 Beaver Lake Drive							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	10	09	11			2.00
Full Name of Contributor							Registration Number, if PAC	
Leslie Cohen-Smith								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6289 Beaver Lake Drive							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	10	09	11			20.00
Full Name of Contributor							Registration Number, if PAC	
Richard Mickelson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6243 Beaver Lake Drive							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	10	09	11			1.00
Full Name of Contributor							Registration Number, if PAC	
Jerry McKown								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6124 Cataba							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	10	10	11			1.00
Full Name of Contributor							Registration Number, if PAC	
Scott Harr								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6216 Beaver Laek							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	10	10	11			1.00
Full Name of Contributor							Registration Number, if PAC	
Greg Cashdollar								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1758 Hawthorne Pkwy							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	10	10	11			2.00
Full Name of Contributor							Registration Number, if PAC	
Doug Stonerock								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6344 Beaver Laek							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	O H	43123	10	10	11			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 $ 29.00