Page 6	

## **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 P	AC
Kim Poland				
Street Address	Employer/Occi	pation/Labor Organization	•	Form (Cash, Check, etc.)
59 E. Gav Street				Cash
City	State	Zip Code	M D Y	Amount
Columbus	OTH	=	0 8 3 0 1 1	
Full Name of Contributor	0   11	43213	Registration Number, if P	
			Registration Number, ii F	AC
Eva Bradshaw	le i o	2 4 1 4 2 2 2		T (5 1 5 1 )
Street Address	Employer/Occi	spation/Labor Organization	•	Form (Cash, Check, etc.)
3259 Farmbrook				Cash
City	State	Zip Code	M D Y	Amount
Grove City Full Name of Contributor	TOLH	43123	0 8 3 0 1 1	1.00
Full Name of Contributor			Registration Number, if P	AC
Michael Cavaluzzi				
Street Address	Employer/Occi	pation/Labor Organization		Form (Cash, Check, etc.)
2237 Marsh Run Court		•		Cash
City	State	Zip Code	M D Y	Amount
Grove City	ОТН		018 310 111	2.00
Full Name of Contributor	1011	43123	Registration Number, if P	
			regisalion (vianoe), n t	AC
Matt Shrum Street Address	[Ft(O			True (C. d. Cl. d)
	Employer/Occi	spation/Labor Organization	•	Form (Cash, Check, etc.)
3191 Farmbrook	_	I		Cash
City	State	Zip Code	M D Y	Amount
Grove City	OIH	43123	0 8 3 0 1 1	1.00
Full Name of Contributor		•	Registration Number, if P	AC
Mike Fluhart				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
3295 Farmbrook				Cash
City	State	Zip Code	M D Y	Amount
Grove City	Готн	43123	0 8 3 0 1 1	2.00
Full Name of Contributor	101	10120	Registration Number, if P	
Marrisa Weber				
Street Address	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)
3293 Parkbrook		parent sacor organization		Cash
City	State	Zip Code	· M D Y	Amount
	O I H	[ '		I
Grove City Full Name of Contributor	lulu	43123	0 8 3 0 1 1	1.00
			Registration Number, if P.	AC
Darrvl L. Anderson	<u> </u>			<del></del>
Street Address	Employer/Occu	pation/Labor Organization*	,	Form (Cash, Check, etc.)
3316 Farmbrook				Check
City	State	Zip Code	M D Y	Amount
Grove City	O   H	43123	0 8 3 1 1 1 1	10.00
Full Name of Contributor			Registration Number, if P	
Teresa Bolin				
Street Address	Employer/Occu	pation/Labor Organization*	· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)
3298 Farmbrook Dr.		<del>-</del>		Check
City	State	Zip Code	M D Y	Amount ,
Grove City	ОТН	43123	0 8 3 1 1 1	50.00
Giove City	LOTH	1 40170	Tatologialiti	1 30.00

\* 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 \$68.00
--------------------