

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Redfern</b>							
Full Name of Contributor <b>Kim Poland</b>				Registration Number, if PAC			
Street Address <b>59 E. Gav Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>1.00</b>	
Full Name of Contributor <b>Eva Bradshaw</b>				Registration Number, if PAC			
Street Address <b>3259 Farmbrook</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>1.00</b>	
Full Name of Contributor <b>Michael Cavaluzzi</b>				Registration Number, if PAC			
Street Address <b>2237 Marsh Run Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>2.00</b>	
Full Name of Contributor <b>Matt Shrum</b>				Registration Number, if PAC			
Street Address <b>3191 Farmbrook</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>1.00</b>	
Full Name of Contributor <b>Mike Fluhart</b>				Registration Number, if PAC			
Street Address <b>3295 Farmbrook</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>2.00</b>	
Full Name of Contributor <b>Marrisa Weber</b>				Registration Number, if PAC			
Street Address <b>3293 Parkbrook</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>1.00</b>	
Full Name of Contributor <b>Darryl L. Anderson</b>				Registration Number, if PAC			
Street Address <b>3316 Farmbrook</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Teresa Bolin</b>				Registration Number, if PAC			
Street Address <b>3298 Farmbrook Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>	State <b>O   H</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>3</b>	Amount <b>50.00</b>	

\* 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**