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	
Kim Poland								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
59 E. Gay Street							Cash	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215	08	30	11		1.00	
Full Name of Contributor							Registration Number, if PAC	
Eva Bradshaw								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3259 Farmbrook							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	08	30	11		1.00	
Full Name of Contributor							Registration Number, if PAC	
Michael Cavaluzzi								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2237 Marsh Run Court							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	08	30	11		2.00	
Full Name of Contributor							Registration Number, if PAC	
Matt Shrum								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3191 Farmbrook							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	08	30	11		1.00	
Full Name of Contributor							Registration Number, if PAC	
Mike Fluhart								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3295 Farmbrook							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	08	30	11		2.00	
Full Name of Contributor							Registration Number, if PAC	
Marrisa Weber								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3293 Parkbrook							Cash	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	08	30	11		1.00	
Full Name of Contributor							Registration Number, if PAC	
Darryl L. Anderson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3316 Farmbrook							Check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	08	31	11		10.00	
Full Name of Contributor							Registration Number, if PAC	
Ryan and Teresa Bolin								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3298 Farmbrook Dr.							Check	
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	08	31	11		50.00	

* 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