

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Redfern							
Full Name of Contributor Don Linder					Registration Number, if PAC		
Street Address 2399 Parkview Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 07	Amount 2.00	
Full Name of Contributor John Turner					Registration Number, if PAC		
Street Address 3177 Scenic Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 07	Amount 1.00	
Full Name of Contributor Julie Capman					Registration Number, if PAC		
Street Address 3539 Devin		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 08	Amount 1.00	
Full Name of Contributor Judy and Marvin					Registration Number, if PAC		
Street Address 2859 Addison		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 08	Amount 1.00	
Full Name of Contributor Debbie Reeves					Registration Number, if PAC		
Street Address 2901 Addison		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 08	Amount 1.00	
Full Name of Contributor Cyndi Compton					Registration Number, if PAC		
Street Address 2871 Harrisburg Pike		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 08	Amount 1.00	
Full Name of Contributor Ali Ikhlavel					Registration Number, if PAC		
Street Address Broadway--Imperio Coffee		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 08	Amount 1.00	
Full Name of Contributor Theresa Wahl					Registration Number, if PAC		
Street Address 3527 Devin		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 08	Amount 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)]