Page_	1	

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

			······································				
Name of Committee in Full							
Friends of Redfern							
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC				IC .		
Colleen E. Cunningham	South-Western City Schools						
Street Address	Description of Item or Service			М	D	Y	Fair Market Value
3513 Lake Louise Drive	Purchased Post-its		0 8	2 4	1 1	45.00	
City	State Zip Code		Received	d at Fundi	raising Ev		
Grove City	0	H	43123		YES		✓NO
Full Name of Contributor	Employer, Occupation, Labor Organization • Registration Number, if PAC						
Len Immke Buick							
Street Address	Descript	tion of Ites	n or Service	М	D	Y	Fair Market Value
300 N. Hamilton Road		U	se of truck	019	117	111	100.00
City	Sı	tate	Zip Code	Received at Fundraising Event?			
Columbus	0	H	43213	l [YES	J	√ NO
Full Name of Contributor			ation, Labor Organization *	Registra	ion Num	ber if PA	vC
Colleen E. Cunningham	Employer, Occupation, Labor Organization * Registration Number, if PAC South-Western City Schools				- •		
Street Address	Descript	tion of Ite	m or Service	М	D	Υ	Fair Market Value
	Descript		x of pencils		$1\overline{1}7$	1 1	9.00
3513 Lake Louise Drive		tate	Zip Code			raising Ev	A
City	_ 3		•	Received	YES	aising Ev	NO
Grove City	Ω	<u> H</u>	43123			· cna	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Υ	Fair Market Value	
~ ~~			1	l ı	1 1		
City	S	tate	Zip Code	Received	at Fund	raising Ev	vent?
	-	1	- , - · ·		YES	v	□NO
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Nur				ber, if РА		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
					1	<u> </u>	
City	S	tate	Zip Code	Receive	l at Fund	raising Ev	vent?
					YES		NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		m or Service	М	D	Y	Fair Market Value
	'		•	l ı	1	1	
City	S	tate	Zip Code	Receive	d at Fund	raising Ev	vent?
	`	1			YES		□no
Full Name of Contributor	Employ	er Occurs	ation, Labor Organization *	Registra		ber, if PA	
run Mante of Contributor	Lingitoy	vi, occuja	andii, Edibor Organization	- Cognition		,	
Street Address	Decorin	tion of Ite	m or Carries	М	D	Υ	Fair Market Value
Street Address	Description of Item or Service		. "	Ιĭ	1	I an (viance vince	
	 _		a'. O-1.	9	J -4 F 4	raising Ev	
City	2	tate	Zip Code	Receive	YES	raising E	NO NO
			<u> </u>		1 'CD4		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC		AC .				
Street Address	Description of Item or Service		m or Service	М	D	Y	Fair Market Value
Succe rights				l "i		Li	
City	-	tate	Zip Code	Receive	d at Fund	raising E	vent?
City .	"	i l	Lip Code	TACCEIVE.	YES	raining E	NO
	1	<u> </u>	l	┙	IES		L110

Page Total \$	154.00

^{*} 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)]