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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Friends of Redfern			<u></u>						
Full Name of Contributor					Registration Number, if PAC				
Jodie Damron									
Street Address	Employer	Оссира	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
6299 Carolann Court						,	Cash		
City	Stat		Zip Code	М	D	Y	Amount		
Grove City		Н	43123		210			1.00	
Fuil Name of Contributor				Registra	ition Num	ber, if PA	AC .		
Scott Brick				<u> </u>					
Street Address	Employer	Occupa	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
6272 Carol Ann Court			,	,.			Cash		
City	Stat		Zip Code	M	D	. Y	Amount		
Grove City	0	H	43123	0 9		1 1		1.00	
Full Name of Contributor			• ;	Registra	ition Num	ber, if PA	AC .		
Brian Sass				<u> </u>					
Street Address	Employer	Оссира	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
6219 Richard Ross Road							Cash		
City	Stat		Zip Code	M	D	Y	Amount	- 00	
Grove Citv	0.1	Н	43123		2 1	1 1		1.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	AC		
Jeff Holdren				<u> </u>					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	ck, etc.)		
6244 Marshall Bay Circle					T 5		Cash		
City	Stat		Zip Code	M	D	Y .	Amount	1.00	
Grove Citv		<u>'H</u>	43123	09		1 1	<u> </u>	1.00	
	Full Name of Contributor Registration Number, if PAC								
Margaret Harne		<u>'^</u>	2 7 1 0 1 2 4				E (C C	.t	
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
6172 Richard Ross Road	G: -		2. 0.1.	1 1/	I 8	Y	Cash Amount		
City	Stat		Zip Code	M	D	' 1 1	Amount	2.00	
Grove City	[0]	H	43123	09		1 1	<u> </u>	2.00	
Full Name of Contributor Registration Number, if PAC									
Susan Shepherd Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)									
	Employer	Employer/Occupation/Labor Organization*					Cash		
6413 Ewin Circle	Stat		Zip Code	Тм	D	Y	Amount	 -	
		Н	43123	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$ 9		1 1	Allouit	1.00	
Grove City Full Name of Contributor		T¥	43123		tion Num	her if D	<u> </u>	1.00	
				Registr	iioii Num	DCI, II 1 7	10		
Travis Ressler Street Address	Employer	/Occupy	ational abor Organization*				Form (Cash, Chec	ck etc.)	
1	Employer/Occupation/Labor Organization*					Cash	ck, cic.)		
478 Scioto Meadows Blvd	Stat		Zip Code	М	l b	Y	Amount		
1 -	0	Н	43123	019		111	Autotest	2.00	
Grove City Full Name of Contributor		11	43123		tion Num		AC	2.00	
3				iceg.su.	1001114040				
John Nichols Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck etc.)		
	Employer Occupation Caston Organization				Cash				
726 Scioto Meadows	Sta	re	Zip Code	М	D	Υ	Amount		
1 · ·		Н	43123	0 9		111	I	1.00	
Grove Citv	0	11	1 43143	1019	14!4		<u> </u>	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)]

Page Total \$	10.00