Page]	19

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Evil					
Name of Committee in Full					
Friends of Redfern			ъ.	ML	10
Full Name of Contributor	Registrat			ration Number, if PAC	
Dana Spezialetti Street Address	Tr. 10		L		F (0.1.0)
	Employer/Occi	mation/Labor Organization*			Form (Cash, Check, etc.)
1296 Red Bank Drive					Cash
City	State	Zip Code) Y	Amount
Grove Citv	<u> </u>	43123		5 1 1	1.00
Full Name of Contributor			Registration	Number, if Pa	AC
May Thompson					
Street Address	Employer/Occu	ipation/Labor Organization*			Form (Cash, Check, etc.)
1237 Cloudstone Court					Cash
City	State	Zip Code	М) Y	Amount
Grove City	_ O H	43123	1 0 0	5 1 1	1.00
Full Name of Contributor			Registration	Number, if Pa	AC.
Cyndi Sqaloa					
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
1336 Red Bank Drive					Cash
City	State	Zip Code	МІ) Y	Amount
Grove Citv	$O \mid H$	43123	1/0/0	15 1 1	2.00
Full Name of Contributor		10120		Number, if Pa	
Richard D. Davis					
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
6242 Buckeve Pkwy.	' '				Cash
City	State	Zip Code	МІ) Y	Amount
Grove City	ОН	•	1	5 1 1	5.00
Full Name of Contributor	_ [O 11	40120	1 / (/ (/	Number, if PA	
Frank L. Henson			registration	rvanioci, is 17	···
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
27744 Jackson Road	1	<u>-</u>			
City	Retired	Zip Code	MI) Y	Cash
	1	_ =			Amount 100 00
Circleville Full Name of Contributor	IOIH	43113	1 0 0		100.00
			Registration	Number, if PA	iC .
Frank L. Henson Street Address					
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
27744 Jackson Road	Retired				Check
City	State	Zip Code	M C		Amount
<u>Circleville</u>	<u> ТОІН</u>	43113		7 1 1	200.00
Full Name of Contributor			Registration	Number, if PA	AC .
John Williams					
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
6349 Buckeye Dr. N					Cash
City	State	Zip Code	М С	Y	Amount
Grove City	$O \mid H$	43123	1 0 0	8 1 1	1.00
Full Name of Contributor			Registration	Number, if PA	
Elvira Gantz					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6482 Buckey Path Drive South	_		Cash		
City	State	Zip Code	M D	Y	Amount
Grove City	OIH	43123	11/0/0	8 1 1	1.00
			4 : 0] 0		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 \$	311.00