Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			_			_		
Friends of Kari Hertel								
Full Name of Contributor			In anistr	-tion Nun		· ć		
Lisa J. Conomy			Kegisii	ation istui	nber, if PA	4C		
Street Address	Employer/Occ	matian/Labor Organization*				Free (Cook Chu		
6162 Pirthshire ST	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City	State	Zip Code	Тм	D	Y	check Amount		
Dublin	OH	43016	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$			Ашоши	50.00	
Full Name of Contributor	TOLL	43010			1 3		50.00	
Karen J. Huey			Nogis	311011 17444	310cs, 11 1 1	10		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2396 Wimbledon Road	Empoyen occupation Eurov Organization				check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH I	43220		219	1	Amoun	150.00	
Full Name of Contributor		10220			iber, if PA	.C	150.00	
Michael H. Keenan								
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Che	ek etc.)	
7103 Coventry Woods DR						check		
City	State	Zip Code	М	D	ΙΥ	Amount	 	
Dublin	OH	43017	1 0			/ hilloun	150.00	
Full Name of Contributor		10017		_	ber, if PA	<u></u>	130.00	
Charles H. McClenaghan, LLC								
Street Address	Employer/Occi	spation/Labor Organization*			_	Form (Cash, Chec	rk etc.)	
4248 Tuller Road; STE 102	' '	T				check		
City	State	Zip Code	М	D	ΙΥ	Amount		
Dublin	OH	43017	1 0		1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	75.00	
Full Name of Contributor		10017			ber, if PA	 C	_ / 5.00	
Committee for Jim Hughes			_			-		
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>			Form (Cash, Chec	k, etc.)	
52 E Gay ST						check	,	
City	State	Zîp Code	М	D	Y	Amount		
Columbus	OHI	43215	1110	3 1	1 3		150.00	
Full Name of Contributor		<u></u>			ber, if PA	C	100.00	
Valoria C. Hoover								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Chec	k, etc.)			
5972 Dunheath Loop						check		
City	State	Zip Code	М	D	Y	Amount	•	
Dublin	OH	43016	1 0	219	1 3		150.00	
Full Name of Contributor					ber, if PA		<u>-</u>	
Jane E. Fox	<u>_</u>							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Chec	k, etc.)	
6193 Dublin Road				_		check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	OH	43017	1 1	016	1 3		100.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	C		
Alison Harris	<u>.</u>							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4634 Bridle Path LN						check		
City	State	Zip Code	М	D		Amount		
Dublin	OH	43017	111	0 6	1 3		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 \$	875.00