

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF BASLER							
Full Name of Contributor GAYLE COLLER					Registration Number, if PAC		
Street Address 834 DEVON DR.		Employer/Occupation/Labor Organization Retired Teacher			Form (Cash, Check, etc.) Check		
City SPRINGFIELD	State OH	Zip Code 45503-2117	M 0	D 9	Y 11	Amount 20.00	
Full Name of Contributor ALMA BENNETT					Registration Number, if PAC		
Street Address 2316 BERRYHILL DRIVE.		Employer/Occupation/Labor Organization FISCAL OFFICER			Form (Cash, Check, etc.) CASH		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount CASH-20.00	
Full Name of Contributor GREG LAWS					Registration Number, if PAC		
Street Address 2408 ARLINGTON AVE		Employer/Occupation/Labor Organization PRESIDENT ESP-Electric			Form (Cash, Check, etc.) Check		
City COLUMBUS	State OH	Zip Code 43221-4140	M 0	D 9	Y 11	Amount 100.00	
Full Name of Contributor LARRY CORBIN					Registration Number, if PAC		
Street Address 4460 HOOPER RD		Employer/Occupation/Labor Organization Retired Board - Bob Evans			Form (Cash, Check, etc.) Check		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 250.00	
Full Name of Contributor MONICA PAUGH					Registration Number, if PAC		
Street Address 4720 HOOPER RD		Employer/Occupation/Labor Organization MacIntosh - Physical Therapist			Form (Cash, Check, etc.) Check		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 50.00	
Full Name of Contributor LES BOSTIC					Registration Number, if PAC		
Street Address 1898 SEASIDE CIRCLE		Employer/Occupation/Labor Organization Retired			Form (Cash, Check, etc.) Check		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 50.00	
Full Name of Contributor JOE KEEFER					Registration Number, if PAC		
Street Address 3694 MAYFAIR DR.		Employer/Occupation/Labor Organization Retired			Form (Cash, Check, etc.) Check		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 100.00	
Full Name of Contributor THOMAS ROARK					Registration Number, if PAC		
Street Address 3553 INDEPENDENCE		Employer/Occupation/Labor Organization Teacher			Form (Cash, Check, etc.) Check		
City GROVE CITY	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 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 also appear. [R.C. 3517.10(B)(4)]