

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF BASLER</b>							
Full Name of Contributor <b>ANNE BASLER</b>						Registration Number, if PAC	
Street Address <b>1120 WHITE RD</b>		Employer/Occupation/Labor Organization <b>HOMEMAKER</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>07</b>	D <b>29</b>	Y <b>11</b>	Amount <b>300.00</b>	
Full Name of Contributor <b>TINA JACOBS</b>						Registration Number, if PAC	
Street Address <b>3384 Park Ridge Dr.</b>		Employer/Occupation/Labor Organization <b>Homemaker</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>08</b>	D <b>13</b>	Y <b>11</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>BRETT JACOBS</b>						Registration Number, if PAC	
Street Address <b>3384 Park Ridge Dr.</b>		Employer/Occupation/Labor Organization <b>BALL CORPORATION</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>08</b>	D <b>13</b>	Y <b>11</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Jennifer Morbitzer</b>						Registration Number, if PAC	
Street Address <b>1080 WHITE RD</b>		Employer/Occupation/Labor Organization <b>MACINTOSH - Physical Therapist</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>08</b>	D <b>22</b>	Y <b>11</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>RON BASLER</b>						Registration Number, if PAC	
Street Address <b>1591 Whispering Oaks</b>		Employer/Occupation/Labor Organization <b>RETIRED</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>NAPLES</b>	State <b>FL.</b>	Zip Code <b>34110</b>	M <b>08</b>	D <b>22</b>	Y <b>11</b>	Amount <b>300.00</b>	
Full Name of Contributor <b>BILL LOTZ</b>						Registration Number, if PAC	
Street Address <b>3800 Zuber Rd</b>		Employer/Occupation/Labor Organization <b>Retired</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>ORIENT</b>	State <b>OH</b>	Zip Code <b>43146</b>	M <b>09</b>	D <b>08</b>	Y <b>11</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>MARY CAMERON</b>						Registration Number, if PAC	
Street Address <b>3289 Pebble Beach</b>		Employer/Occupation/Labor Organization <b>RETIRED</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>09</b>	D <b>14</b>	Y <b>11</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Kim MILAM</b>						Registration Number, if PAC	
Street Address <b>6144 Buckeye Parkway</b>		Employer/Occupation/Labor Organization <b>Home maker</b>				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>09</b>	D <b>14</b>	Y <b>11</b>	Amount <b>20.00</b>	

\* 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)]