Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Kari Hertel							
Full Name of Contributor			Registra	tion Num	ber, if PA	.c	
Jonathan S. Hughes							
Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Check, etc.)	
8168 Lombard Way						Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	OH	43016	0 9	113	1 [3]	150.00	
Full Name of Contributor			Registra	tion Num	ber, if PA		
Chris L. Hughes							
Street Address	Employer/Occi	pation/Labor Organization*	-			Form (Cash, Check, etc.)	
8168 Lombard Way						Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	OH	43016	0 9	1 3	1 3	150.00	
Full Name of Contributor	<u> </u>				ber, if PA		
Cindy J. McDermott							
Street Address	Employer/Occu	npation/Labor Organization*				Form (Cash, Check, etc.)	
2073 Sandover CT						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43220	019	016	1 3	150.00	
Full Name of Contributor					ber, if PA		
Anne M. Petit							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
161 Alton Road						Check	
City	State	Zip Code	М	D	Y	Amount	
Galloway	OH	43119	0 9	1 3	1 1	100.00	
Full Name of Contributor	10111	10117					
Full Name of Contributor Registration Number, if PAC Peter M. Kostoff							
Street Address	Employer/Occi	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
2995 Silver Maple Drive		F				Check	
City	State	Zip Code	М	D	Y	Amount	
Fairlawn	OH	44333		1 3	i I	150.00	
Full Name of Contributor	OII	11000					
Full Name of Contributor Pamela J. Kostoff							
Street Address	Employer/Occu	pation/Labor Organization*			-	Form (Cash, Check, etc.)	
2995 Silver Maple Drive	, , , , , , , , , , , , , , , , , , , ,				Check		
City	State	Zip Code	М	D	Y	Amount	
Fairlawn	OHI	44333	1	1 3	1 1	100.00	
Full Name of Contributor	OII	11000			ber, if PA		
			Trogastia.	ion reality	oci, 11 1 1 1		
Street Address	Employer/Occu	pation/Labor Organization*		·		Form (Cash, Check, etc.)	
		punete Enter organization				t om (casi, citcox, ttc.)	
City	State	Zip Code	М	D	Y	Amount	
	5.40	Zip Code	"		'	ranount	
Full Name of Contributor			Registrat	ion Num	ber, if PA		
R. Kevin Kerns			registiat	aon i walli	oci, il FA		
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
1902 Lake Shore Drive	Employer/Occupation/Laton Organization						
City	State	Zip Code	М	D	Y	Check Amount	
Colum <u>bus</u>	OH	43204	1	J .			
Columbus	TOIT	43404	0 9	2 0	1 3	150.00	

Page Total \$	950.00

^{*} 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)]