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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Basler				X
Full Name of Contributor Joe Endres			Registration Number, if I	AC
Street Address	Employee/Occur	antice/Labor Orumination*		Form (Cash, Check, etc.)
2581 Clark Dr.	part -time	Employer/Occupation/Labor Organization* part -time City of Grove City		check
City Grove City	State OH	Zip Code 43123	0 9 1 4 1 1	Amount \$100.00
Full Name of Contributor Registration Number, if PAC				
Martin Mckeon				
Street Address	1	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
4665 Clayburn Dr. East	Kal-Kan	I .		check
City	State	Zip Code	0 9 1 4 1 1	Amount
Grove City	ОН	43123	0 9 1 4 1 1	\$100.00
Full Name of Contributor Barb Mcfarland Registration Number, if PAC				
Street Address	Employer/Occur	pation/Labor Organization		Form (Cash, Check, etc.)
578 Evening St.	homemak	homemaker		Check
City Worthington	OH State	Zip Code 43085	$\begin{bmatrix} 0 & 9 & 1 & 4 & 1 \end{bmatrix} 1$	Amount \$50.00
Full Name of Contributor	<u> </u>		Registration Number, if I	AC
Paul Jacobs				
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)
4880 Haughn Rd.	Retired Insurance			Check
City Grove City	State OH	Zîp Code 43123	0 9 1 4 1 1	Amount \$100.00
Full Name of Contributor			Registration Number, if I	PAC
Robert Miller				
Street Address		pation/Labor Organization*		Form (Cash, Check, etc.)
2648 Bryan Circle	Retired Po	Retired Postal worker		check
City	State	Zip Code	0 9 1 4 1 1	Amount \$20.00
Grove City	OH _.	43123		
Full Name of Contributor Annalie Belt Registration Number, if PAC				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
7180 Stahl Rd.		ool Teacher		check
City	State	Zíp Code	M D Y	Amount
Orient	ОН	43146	0 9 1 4 1 1	\$100.00
Full Name of Contributor			Registration Number, if	PAC
Bev Babbert				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
3310 Kingston Ave		hool Teacher		Check
City	State	Zip Code	M D Y	Amount
Grove City	OH	43123	091411	\$20.00
Full Name of Contributor Linda Culler Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Form (Cash, Check, etc.)				
Street Address	1 ' '	Employer/Occupation/Labor Organization*		
480 Carillion Dr.	Teacher			Check
City Springfield	State OH	Zip Code 45503	M D Y 1 1 1 1	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)]