

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kari Hertel						
Full Name of Contributor			Paviatra	stion Num	ber, if PA	<u></u>
Citizens for Smith			Registra	ation Nun	ioer, ii r A	
Street Address	[Fmnlover/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
865 Macon Alley	Zinpio, an a can	printed a gamean				Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43206	\int_{1}^{m} 0	1 .		150.00
Full Name of Contributor	[- 2 -]				ber, if PA	
Sheila Panchal Vitale						
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Check, etc.)
879 Aylesbury DR		-				Check
City	State	Zip Code	М	D	Y	Amount
Gahanna	OH	43230	1 0	2 2	$ _{1 3}$	100.00
Full Name of Contributor	0.221	#0 <u>20 0</u>			ber, if PA	
Harikrishan G. Patel			1			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
4627 Nugent DR						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43220	110	212	1/3	150.00
Full Name of Contributor	1 0 11 1	10 220			ber, if PA	
Form 31-E 9/13/13						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	I M	D	Y	Amount
		<u> </u>				1,250.00
Full Name of Contributor			Registra	ation Num	ber, if PA	.C
Form 31-E 10/23/13						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
			_			
City	State	Zip Code	M	D	Y	Amount
			1 !			940.00
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
		In: o t	1		I	
City	State	Zip Code	M	D	Y	Amount
			-		1 :55.4	
Full Name of Contributor Registration Nu					iber, ii PA	.C
 Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
310017 Mad 533	Saproyen Georgianic Sacot Organization					i om (easi, enem, e.e.,
City	State	Zip Code	М	D	Y	Amount
	1			11	1 1] [
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

Page Total \$ 2,590.00

^{*} 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)]