

Event Date	9/13/13
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kari Hertel							
Full Name of Contributor Julie J. Given				Registration Number, if PAC			
Street Address 4490 Fabel ST		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	150.00
City New Albany		State OH	Zip Code 43054	Form(Cash,Check,etc) check			
Full Name of Contributor Michael H. Igo				Registration Number, if PAC			
Street Address 4681 Winterset DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	150.00
City Columbus		State OH	Zip Code 43220	Form(Cash,Check,etc) check			
Full Name of Contributor Andrew Bowers				Registration Number, if PAC			
Street Address 2284 Cob Tail Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	150.00
City Blacklick		State OH	Zip Code 43004	Form(Cash,Check,etc) check			
Full Name of Contributor J.M. Petro				Registration Number, if PAC			
Street Address 4265-C Marin Woods		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	150.00
City Port Clinton		State OH	Zip Code 43452	Form(Cash,Check,etc) check			
Full Name of Contributor D. Michael Grodhaus				Registration Number, if PAC			
Street Address 6544 Deeside Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	150.00
City Dublin		State OH	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Elizabeth B. Grodhaus				Registration Number, if PAC			
Street Address 6544 Deeside Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	150.00
City Dublin		State OH	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Eric D. Weldele				Registration Number, if PAC			
Street Address 510 Winfield Meadows DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	150.00
City Columbus		State OH	Zip Code 43082	Form(Cash,Check,etc) check			

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,050.00