

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Kari Hertel</b>							
Full Name of Contributor <b>Susan P. Bringardner</b>					Registration Number, if PAC		
Street Address <b>4836 Lytfield DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Mark Landes</b>					Registration Number, if PAC		
Street Address <b>873 Ebner ST</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>David N. Myhal</b>					Registration Number, if PAC		
Street Address <b>4854 Brookview Cir</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>BIA Build PAC of Central Ohio</b>					Registration Number, if PAC		
Street Address <b>495 Executive Campus DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Mark T. Braunsdorf</b>					Registration Number, if PAC		
Street Address <b>10612 Churchill DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Wiles Boyle Burkholder Bringardner (Mike Close)</b>					Registration Number, if PAC <b>CP 1058</b>		
Street Address <b>300 Spruce St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Bruce Rothermund</b>					Registration Number, if PAC		
Street Address <b>6455 Newgrange DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Jeff Stavroff</b>					Registration Number, if PAC		
Street Address <b>7078 Dublin Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>100.00</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 appear. [R.C. 3517.10(B)(4)]