

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Control of the Control of th	<u> </u>						•
Name of Committee in Full							
Friends of Kari Hertel		····					
Full Name of Contributor			Registration Number, if PAC				
Susan P. Bringardner							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
4836 Lytfield DR							
City	State	Zîp Code	М	D	Y	Amount	
Dublin	OH	43017	110	2 8	113		150.00
Full Name of Contributor		-	Registra	ition Nur	iber, if P/	۸C	•
Mark Landes			ı				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
873 Ebner ST							
City	State	Zip Code	М	D	Y	Amount	_
Columbus	OH	43206	110	219	113		150.00
Full Name of Contributor	<u> </u>	12 10 1		ution Num			100.00
David N. Myhal							
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash)	Theck etc.)
4854 Brooksview Cir	' '	Suprojen occupanion Laron Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	·
New Albany	OH	43054	1 0	1 .			150.00
Full Name of Contributor	UIT	1 40004		_			150.00
Registration Number, if F BIA Build PAC of Central Ohio				iber, ii PA	ic .		
Street Address	Employer/Oue	pation/Labor Organization*				In (0.1.	
495 Executive Campus DR	Employer/Occi	ipation/Labor Organization*				Form (Cash, (Theck, etc.)
City	Cere	Im o t	<u> </u>				
· ·	State	Zip Code	M	D	Y	Amount	
Westerville Full Name of Contributor	OH	43082	1 0		1 3		150.00
			Registra	tion Num	ber, if PA	ıC	
Mark T. Braunsdorf							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, C	Theck, etc.)	
10612 Churchill DR				_			
City	State	Zip Code	M	D	Y	Amount	
Powell	OH	43065	1 0	219	1 3		150.00
Full Name of Contributor			Registration Number, if PAC				
Wiles Boyle Burkholder Bringardner (Mike Close) CP 1058							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)	
300 Spruce St						1	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	111	0 4	1 3		150.00
Full Name of Contributor				tion Numl			
Bruce Rothermund							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, C	heck, etc.)
6455 Newgrange DR	ļ					,	,
City	State	Zip Code	М	D	Y	Amount	
Dublin	OH	43016	111	0 4	1 3		100.00
Full Name of Contributor		1 -5-5-5		tion Numb			100.00
Jeff Stavroff			ľ				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, et			heck etc \		
7078 Dublin Road		•	cash				
City	State	Zip Code	Тм	D .	Υ	Amount	
Dublin	OH	43017	1 1	0 4	1 3		100.00
_ 40444	I OTT I	1 3001/	1111	U!4			100.00

• 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)]

Page Total \$	1,100.00