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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						·-·		
Friends of Kari Hertel								
Full Name of Contributor			Tpi		1006			
Kevin McCauley					Registration Number, if PAC			
Street Address	Employer/Occ.	upation/Labor Organization*		_		Trans (Carlo Charle etc.)		
7076 Pioneer Court	Limpioyences	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City City	State	17:- Cada	T M	I 5	т ,,	cash		
Powell	OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor	Ιυπ	43065	1 1	0 4	1 3			
Christina Yates			Registra	tion Num	ber, if PA	.C		
Street Address	[Employar/Ogur					In		
	Епрюуелосс	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1069 Elderberry Loop City		Tat. 0. 1	1 14		1	cash		
	State	Zip Code	M	D	Y	Amount		
Delaware Full Name of Contributor	OH	43015	1 1	0 4	1 3			
registration transce, in the								
Terry Mowrey								
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Best Efforts						cash		
City	State	Zip Code	M	D _	Y	Amount		
				_		150.00		
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Ia:- c.1.	7					
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor	!	<u></u>						
rut Name of Controllor			Registrat	ion Numl	ber, if PA	С		
Street Address	Iv1,#0	II 1 70						
Sueet Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		In	- 1 1					
City	State	Zip Code	M	D	Y	Amount		
Poll Marris af Caracitoria								
Full Name of Contributor Registration					oer, if PA	Ċ		
Street Address	lEmployer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
		patton autor engineering				roim (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
		Sip Code	'''	ı	1	Amoun		
Full Name of Contributor			Registrati	on Numb	or iCDA	^		
			Registrati	Юп Гушт	er, II em			
Street Address	Employer/Occu	pation/Labor Organization*			-	Form (Cash, Check, etc.)		
	Simpleyer Secupation Labor Organization					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
1				1	i i			
Full Name of Contributor			Registrati	on Numb	er, if PA(
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
					- 1			
City	State	Zip Code	М	D	Y	Amount		
		'		_i		:- #01		
			1		l l			

* 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 \$ 350.00