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Ohio Campaign Finance Reportional 29 AM II: 49

Prescribed by Secretary of State 3/05 MILLIAM COUNTY Registration Number, if PACIUNS Full Name of Committee Friends of Kari Hertel Full Name of Candidate Kari Hertel Street Address Office Sought 4607 Wuertz Court **Dublin Council** Ward 2 Zip Code OH | 43016 Dublin Annual Year X Type of Report Pre-Primary Post-Primary Pre-General Post-General 2014 (place X to the left of report September July August Semiannual Monthly Monthly Monthly Termination mended Report Report Electronically filed? Yes ✓ No Yes Yes \square No Date of Election 5 3

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| 1. Amount brought forward from last report | \$ 3,417.00 |
|--|-------------|
| 2. Total monetary contributions (From Form No. 31-A) | \$ 0.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ 3,417.00 |
| 5, Total monetary expenditures (From Form No. 31-B) | \$ 1,955.38 |
| 6. Balance on hand (line 4 minus line 5) | \$ 1,461.62 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ |
| Outstanding loans owed by committee (From Form No. 31-C) | \$ |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ |
| 13. For Electronic Filing Entities only | \$ |
| Sum of lines 2, 7 and amount of any new loans received this period | |

| THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE | | | | | | | | | | | |
|--|--------------|--|-------------|----------|---|-------|----|-----------|---|--|--|
| Kristin E. Rosan, Treasurer Styll Allian | | | | | | | 5/ | 5/14/2015 | | | |
| rint Name and Title (Treasurer and Deputy Treasurer only) Signature | | | | | | | | Date | | | |
| | Contribution | | Expenditure | | • | Other | | Total | | | |
| | pages | | pages | <u>1</u> | | pages | 1 | pages - | 3 | | |