

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kari Hertel							
Full Name of Contributor Kerns Clearing House LTD (Mark Kerns)					Registration Number, if PAC		
Street Address 118 Scioto Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Urbana	State OH	Zip Code 43078	M 0	D 9	Y 2	Amount 150.00	
Full Name of Contributor John Mino Jr					Registration Number, if PAC		
Street Address 824 Hardwood CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gates Mills	State OH	Zip Code 44040	M 0	D 9	Y 2	Amount 150.00	
Full Name of Contributor Shawn A. Kasych					Registration Number, if PAC		
Street Address 4922 W 14th ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cleveland	State OH	Zip Code 44109	M 0	D 9	Y 2	Amount 150.00	
Full Name of Contributor CCG PAC					Registration Number, if PAC OH 1534		
Street Address 1520 W 6th AVE; APT 45		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212-2467	M 1	D 0	Y 0	Amount 150.00	
Full Name of Contributor Sue Pohler					Registration Number, if PAC		
Street Address 327 Fallis Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Charles Saxbe					Registration Number, if PAC		
Street Address 65 East State Street; Suite 1000		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Maguire and Schneider, LLP (Keith Schneider)					Registration Number, if PAC		
Street Address 1650 Lake Shore Drive; Suite 150		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43204	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Carpenter Lipps & Leland LLP (Michael Carpenter)					Registration Number, if PAC		
Street Address 280 North High Street; STE 1300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount 150.00	

* 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)]