

Event Date	10/23/13
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kari Hertel					
Full Name of Contributor Timothy R. Greenhalgh				Registration Number, if PAC	
Street Address 224 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State OH	Zip Code 43017	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor William M. Todd				Registration Number, if PAC	
Street Address 2417 Brentwood Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Bexley	State OH	Zip Code 43209	Amount 150.00	Form(Cash,Check,etc) check	
Full Name of Contributor Rhesa F. Green				Registration Number, if PAC	
Street Address 1084 Cloverly Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Gahanna	State OH	Zip Code 43230	Amount 50.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Jennifer G.I. Lupiba				Registration Number, if PAC	
Street Address 1418 Virginia Avenue	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43212	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Alice Bond				Registration Number, if PAC	
Street Address 7747 Crawley Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State OH	Zip Code 43017	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Andrew F. Polesovsky				Registration Number, if PAC	
Street Address 2600 Aschinger Blvd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43212	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor John Oberle				Registration Number, if PAC	
Street Address 60 W. Southington Avenue	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43085	Amount 50.00	Form(Cash,Check,etc) check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 500.00