

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 Jeffrey Griffith				Registration Number, if PAC	
Street Address 7269 Coventry Woods Dr	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 Chris Schmenk				Registration Number, if PAC	
Street Address 872 Wedgewood Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Marysville	State OH	Zip Code 43040	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Betsy Nolan				Registration Number, if PAC	
Street Address 6724 Glasin CT	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State OH	Zip Code 43017	Amount 50.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Sara Molski				Registration Number, if PAC	
Street Address 2133 Quarry Valley Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43204	Amount 15.00	Form(Cash,Check,etc) check	
Full Name of Contributor Niraj Jaimini Antani				Registration Number, if PAC	
Street Address 8545 Tree Top Ct. S; Apt 128	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Miamisburg	State OH	Zip Code 45342	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Robert Swan				Registration Number, if PAC	
Street Address 6316 Bernside Ln	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 Lindsey Brigano				Registration Number, if PAC	
Street Address 4042 Shireton DR	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State OH	Zip Code 43016	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 \$ 390.00