Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	<u></u>			_		· · · · · · · · · · · · · · · · · · ·
Friends of Kari Hertel						
Full Name of Contributor			Registr	ation Nun	nber, if P/	AC
Lori Herf						
Street Address	Employer/Occi	upation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
1398 Virginia AVE	[• -				check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН∣	43212	111		1 .	50.00
Full Name of Contributor	1022.				nber, if PA	
Matt Stavroff				••		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
565 Metro Place S; STE 480	' '					check
City	State	Zip Code	М	D	Y	Amount
Dublin	OH	43017	1111			100.00
Full Name of Contributor	1011	40017			1ber, if PA	
Frank Stavroff					1001,	
Street Address	Employer/Occu	mation/Labor Organization*				Form (Cash, Check, etc.)
565 Metro Place S; STE 480	' '					check
City	State	Zip Code	М	D	Y	Amount
Dublin	OH	43017	1 1	I .	1 3	100.00
Full Name of Contributor	TOIL!	10017			ber, if PA	
Stephanie Humenay			***************************************		1001, 11 1	.c
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
8651 Trail Lake Drive		parious sugar or parious				check
City	State	Zip Code	М	D	Y	Amount
Powell	OH	43065	1 0		1 3	100.00
Full Name of Contributor	<u> </u>	3000	_		1 3 iber, if PA	
Tina Elliott			6			•
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>		-	Form (Cash, Check, etc.)
7176 Bluffstream CT		F				check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43235	10		1 3	100.00
Full Name of Contributor	10111	10200			ber, if PA	
Brian M. Zets			1,50			C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
3601 Shirley Court		hands supply of family and				check
City	State	Zip Code	М	D	ΙΥ	Amount
New Albany	OH	43054		1	1 3	100.00
Full Name of Contributor	0111	1007			ber, if PA	
Bruce H. Burkholder			1.00	lion iva	OCI, 11	C
Street Address	Employer/Occu	pation/Labor Organization*	_Ļ			Form (Cash, Check, etc.)
10291 Sylvan DR	ampoyer occupation Cigalization					
City	State	Zip Code	М	D	ΙΥ	check Amount
Dublin	OH	43017	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$	014	1 3	
Full Name of Contributor	CIII	43017			ber, if PA	150.00
Tonya Y. Burkholder			1108131.2		UCI, II	C
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
10291 Sylvan DR	200,000,000	pation confamination				romi (Casii, Cheek, etc.)
City	State	Zip Code	М	D	Υ	Amount
Dublin Dublin	OH	43017	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$			
Dubin	OH	43017	1 1	$0 \mid 4$	1 3	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)]

Page Total \$	850.00