

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Kari Hertel													
Full Name of Contributor Lori Herf						Registration Number, if PAC							
Street Address 1398 Virginia AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OH		Zip Code 43212		M 1		D 0		Y 6		Amount 50.00	
Full Name of Contributor Matt Stavroff						Registration Number, if PAC							
Street Address 565 Metro Place S; STE 480			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Dublin		State OH		Zip Code 43017		M 1		D 0		Y 4		Amount 100.00	
Full Name of Contributor Frank Stavroff						Registration Number, if PAC							
Street Address 565 Metro Place S; STE 480			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Dublin		State OH		Zip Code 43017		M 1		D 0		Y 4		Amount 100.00	
Full Name of Contributor Stephanie Humenay						Registration Number, if PAC							
Street Address 8651 Trail Lake Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Powell		State OH		Zip Code 43065		M 1		D 0		Y 3		Amount 100.00	
Full Name of Contributor Tina Elliott						Registration Number, if PAC							
Street Address 7176 Bluffstream CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OH		Zip Code 43235		M 1		D 0		Y 3		Amount 100.00	
Full Name of Contributor Brian M. Zets						Registration Number, if PAC							
Street Address 3601 Shirley Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City New Albany		State OH		Zip Code 43054		M 1		D 0		Y 3		Amount 100.00	
Full Name of Contributor Bruce H. Burkholder						Registration Number, if PAC							
Street Address 10291 Sylvan DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Dublin		State OH		Zip Code 43017		M 1		D 0		Y 4		Amount 150.00	
Full Name of Contributor Tonya Y. Burkholder						Registration Number, if PAC							
Street Address 10291 Sylvan DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City Dublin		State OH		Zip Code 43017		M 1		D 0		Y 4		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)]

Page Total \$ 850.00