

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Friends of Lori Ann Feibel					
Full Name of Contributor			Registration Number, if PAC		
Kay Helman					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
63 S. Cassady Ave		08	09	17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Ronald Robins					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
160 S. Merkle Rd		08	09	17	150.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Roger Friedman					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
290 N. Remington Rd		08	09	17	150.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Jennifer Ciccarelli					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
80 S. Columbia Ave		08	09	17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Caryn Shapiro					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
155 N. Remington Rd		08	09	17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Robert Cahill					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
720 Grandon Ave		08	09	17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
JD J Masser					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2479 Fair Ave		08	09	17	150.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	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 also 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

\$0.00

Total expenditures this event.

\$0.00

850.00
Page Total \$ 850.00