Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Lori Ann Feibel				
ull Name of Contributor			Registration Number, if PAC	
Randal and Julie Friedlander				
Street Address 47 N Parkvilus Ave	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City Rex/en	State OH	Zip Code 43209	0727 I7	Amount 100.00
Full Name of Contributor		1,7,5	Registration Number, if P.	
David B. Anderson Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)				
Street Address 125 Ashbourne Rl	Employer/Occupa	ntion/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Bexlen	ОН	43209	080317	50,00
Full Name of Contributor Registration Number, if PAC Registration Number, if PAC				
Street Address 268 N Paykview Ave	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
City Bexley	State OH	Zip Code 43209	072717	Amount 180.00
Full Name of Contributor Registration Number, if PAC				
Michael Gansiorouski Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
Street Address 2666 Brentwood Rd		La:		chech
Bexley	State OH	Zip Code 43209	072917	Amount /00.00
Full Name of Contributor Registration Number, if PAC				
Herbert Climcher Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
10 N Orexel Are				chech
Boxles	State OH	Zip Code 43209	072617	Amount 250.00
Full Name of Contributor			Registration Number, if I	
Robert J. Weiler Street Address	T- 1 (2			Form (Cash, Check, etc.)
10 N. High St. #401	Employer/Occup	pation/Labor Organization*		check
Columbus	State OH	Zip Code 43215	0725 17	Amount 250.00
Full Name of Contributor Registration Number, if PAC				
Thomas B. Courtice Street Address 2561 E. Broad St.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
City Parlo	State OH	Zip Code 43209	M D Y 072815	Amount 250.00
Full Name of Contributor	Un	70601	Registration Number, if	
John R. Kean				
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
City 0	State	Zip Code	M D Y	Amount
Bexley	ОН	43209	07281	100.00

Page Total \$0.00.

^{*} 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 also appear. [R.C. 3517.10(B)(4)]