

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 Teibel			
Full Name of Contributor		Registration Number, if PAC	
Lynne E. C. Smith			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
7809 Lambton Park R.d.		05	02 13
City	State	Zip Code	Amount
New Albany	OH	43054	75.00
Full Name of Contributor		Registration Number, if PAC	
Christopher Zoeller			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
107 Oakbridge Park		05	02 13
City	State	Zip Code	Amount
Tiffin	OH	44883	100.00
Full Name of Contributor		Registration Number, if PAC	
Kathleen Myers Ostrowski			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
7262 Rosegate Pl		05	02 13
City	State	Zip Code	Amount
Dublin	OH	43017	200.00
Full Name of Contributor		Registration Number, if PAC	
Ronald L. Welch			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
1757 Longhill Dr.		05	02 13
City	State	Zip Code	Amount
Zanesville	OH	43701	75.00
Full Name of Contributor		Registration Number, if PAC	
Rosemary Kohler			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
57 Granville St.		05	02 13
City	State	Zip Code	Amount
Gahanna	OH	43230	150.00
Full Name of Contributor		Registration Number, if PAC	
Derek Snook			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
7363 Milton Court		05	02 13
City	State	Zip Code	Amount
New Albany	OH	43054	200.00
Full Name of Contributor		Registration Number, if PAC	
Mark Collins			
Street Address	Employer/Occupation/Labor Organization*	M	D Y
1375 Harrison Pond		05	02 13
City	State	Zip Code	Amount
New Albany	OH	43054	75.00

* 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)]

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

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Total expenditures this event.

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875.00

Date Total €