

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

Prescribed by Secretary of State 03/05

Event Date	08/09/17
Page	3

Name of Committee in Full Friends of Lori Ann Feibel				
Full Name of Contributor Howard Schottenstein			Registration Number, if PAC	
Street Address 2392 E. Main St.	Employer/Occupation/Labor Organization*		M D Y 08 09 17	Amount 100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Judith Brachman			Registration Number, if PAC	
Street Address 311 N. Drexel Ave.	Employer/Occupation/Labor Organization*		M D Y 08 09 17	Amount 150.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Carol Luper			Registration Number, if PAC	
Street Address 360 N. Columbia Ave	Employer/Occupation/Labor Organization*		M D Y 08 09 17	Amount 150.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Carol Fey			Registration Number, if PAC	
Street Address 176 S. Merkle Rd.	Employer/Occupation/Labor Organization*		M D Y 08 09 17	Amount 150.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) paypal	
Full Name of Contributor Ashley Wade			Registration Number, if PAC	
Street Address 362 Granville St.	Employer/Occupation/Labor Organization*		M D Y 08 09 17	Amount 100.00
City Newark	State OH	Zip Code 43055	Form (Cash, Check, etc.) cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

650.00
Page Total \$ 650.00