

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

Prescribed by Secretary of State 03/05

Event Date 08/09/17Page 1

Name of Committee in Full <u>Friends of Lori Ann Feibel</u>				
Full Name of Contributor <u>Leslie Knott</u>			Registration Number, if PAC	
Street Address <u>190 S. Ardmore Rd</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 09 17</u>	Amount <u>150.00</u>
City <u>Bexley</u>	Sta te <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Pamela Beeler</u>			Registration Number, if PAC	
Street Address <u>414 N. Drexel Ave</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 09 17</u>	Amount <u>100.00</u>
City <u>Bexley</u>	Sta te <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Dana Adler</u>			Registration Number, if PAC	
Street Address <u>375 S. Parkview Ave</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 09 17</u>	Amount <u>100.00</u>
City <u>Bexley</u>	Sta te <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Lawrence Binsky</u>			Registration Number, if PAC	
Street Address <u>75 S. Cassingham Rd</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 08 17</u>	Amount <u>300.00</u>
City <u>Bexley</u>	Sta te <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Marc Fishel</u>			Registration Number, if PAC	
Street Address <u>2601 E. Broad St.</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 09 17</u>	Amount <u>150.00</u>
City <u>Bexley</u>	Sta te <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Ernest Sullivan</u>			Registration Number, if PAC	
Street Address <u>2258 Delavan Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 09 17</u>	Amount <u>250.00</u>
City <u>Columbus</u>	Sta te <u>OH</u>	Zip Code <u>43219</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Steven Grossman</u>			Registration Number, if PAC	
Street Address <u>201 S. Cassady Ave</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 09 17</u>	Amount <u>150.00</u>
City <u>Bexley</u>	Sta te <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc.) <u>check</u>	

* 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

1200.00
Page Total \$ 0.00