

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Lori Ann Feibel							Registration Number, if PAC
Full Name of Contributor Gretchen Riley							Registration Number, if PAC
Street Address 875 College Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay pal	
City Bexley	State OH	Zip Code 43209	M 08	D 02	Y 17	Amount 150.00	
Full Name of Contributor Betsy Ross							Registration Number, if PAC
Street Address 2495 Bexley Park Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay pal	
City Bexley	State OH	Zip Code 43209	M 08	D 02	Y 17	Amount 150.00	
Full Name of Contributor Terry Meyer							Registration Number, if PAC
Street Address 190 Preston Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay pal	
City Columbus	State OH	Zip Code 43209	M 08	D 02	Y 17	Amount 50.00	
Full Name of Contributor Patricia Markham							Registration Number, if PAC
Street Address 875 S. Remington Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Bexley	State OH	Zip Code 43209	M 08	D 03	Y 17	Amount 100.00	
Full Name of Contributor Adam Snyder							Registration Number, if PAC
Street Address 2724 Sherwood Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay pal	
City Bexley	State OH	Zip Code 43209	M 08	D 05	Y 17	Amount 100.00	
Full Name of Contributor Michael Eckel							Registration Number, if PAC
Street Address 116 S. Ardmore Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay pal	
City Bexley	State OH	Zip Code 43209	M 08	D 08	Y 17	Amount 50.00	
Full Name of Contributor Steven Wilson							Registration Number, if PAC
Street Address 2321 Bexley Park Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay pal	
City Bexley	State OH	Zip Code 43209	M 08	D 08	Y 17	Amount 100.00	
Full Name of Contributor Dennis Freudeman							Registration Number, if PAC
Street Address 8564 Pennington Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay pal	
City Powell	State OH	Zip Code 43065	M 08	D 08	Y 17	Amount 100.00	

* 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)]