

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Lori Ann Feibel</i>							
Full Name of Contributor <i>Barbara Giller</i>						Registration Number, if PAC	
Street Address <i>210 Stanbery Ave</i>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y <i>06 18 13</i> Amount <i>150.00</i>	
Full Name of Contributor <i>Jean Rice</i>						Registration Number, if PAC	
Street Address <i>91 Ashbourne Rd</i>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y <i>06 17 13</i> Amount <i>150.00</i>	
Full Name of Contributor <i>Charles Neustadt</i>						Registration Number, if PAC	
Street Address <i>127 W. Lee St.</i>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Paypal</i>	
City <i>Baltimore</i>		State <i>MD</i>		Zip Code <i>21201</i>		M D Y <i>06 19 13</i> Amount <i>50.00</i>	
Full Name of Contributor <i>Diane Glimcher</i>						Registration Number, if PAC	
Street Address <i>10 N. Drexel Ave.</i>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y <i>06 18 13</i> Amount <i>150.00</i>	
Full Name of Contributor <i>Katheryne C. Davis</i>						Registration Number, if PAC	
Street Address <i>36 Ashbourne Rd</i>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y <i>06 19 13</i> Amount <i>200.00</i>	
Full Name of Contributor <i>Jeffrey E. Levey</i>						Registration Number, if PAC	
Street Address <i>100 S Parkview Ave</i>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y <i>06 20 13</i> Amount <i>150.00</i>	
Full Name of Contributor <i>Amy Giller Stark</i>						Registration Number, if PAC	
Street Address <i>2441 Bexley Park Rd</i>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y <i>06 21 13</i> Amount <i>50.00</i>	
Full Name of Contributor <i>Rhonda L. Schottenstein</i>						Registration Number, if PAC	
Street Address <i>272 N Drexel Ave.</i>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y <i>06 23 13</i> Amount <i>100.00</i>	

* 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)]

Page Total \$ 1000.