R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Friends of Lori Ann Feibel					
Full Name of Contributor				**Registration Number, if PAC**	
Angela L. Lehew					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
466 Furman St.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Pickerington	OH	43147	05 02 13		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Kandi L. Dach					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2541 Colts Neck Rd					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Blacklick	OH	43004	05 02 13		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Joanne L. Feibel					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
767 S. Roosevelt Ave					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Bexley	OH	43209	05 02 13		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Kimberly Erickson					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
7811 Windy Hill Ct.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Dublin	OH	43016	05 02 13		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Penny Masters Boes					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
515 Tucker Ave					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Worthington	OH	43085	05 02 13		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Lynne E. C. Smith					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
7809 Lambton Pk Road					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
New Albany	OH	43054	05 02 13		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Christopher Zoeller					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
107 Oakbridge Park					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Tiffin	OH	44883	05 02 13		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Kathleen Myers Ostrowski					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
7262 Rosegate Pl					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Dublin	OH	43017	05 02 13		200.00

* 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)]

Page Total $ 725