

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Friends of Lori Ann Feibel</i>				
Full Name <i>Jonathan B. Feibel</i>			Registration Number, if PAC	
Address <i>180 N. Parkview Ave.</i>	Type* <i>LN</i>		M <i>0</i>	D <i>4</i>
			Y <i>0</i>	Y <i>8</i>
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	Amount <i>1000.00</i>	
Form (Cash, Check, etc.) <i>check</i>				
Full Name				
Registration Number, if PAC				
Address	Type*		M	D
			Y	Y
City	State	Zip Code	Amount	
Form (Cash, Check, etc.)				
Full Name				
Registration Number, if PAC				
Address	Type*		M	D
			Y	Y
City	State	Zip Code	Amount	
Form (Cash, Check, etc.)				
Full Name				
Registration Number, if PAC				
Address	Type*		M	D
			Y	Y
City	State	Zip Code	Amount	
Form (Cash, Check, etc.)				
Full Name				
Registration Number, if PAC				
Address	Type*		M	D
			Y	Y
City	State	Zip Code	Amount	
Form (Cash, Check, etc.)				
Full Name				
Registration Number, if PAC				
Address	Type*		M	D
			Y	Y
City	State	Zip Code	Amount	
Form (Cash, Check, etc.)				
Full Name				
Registration Number, if PAC				
Address	Type*		M	D
			Y	Y
City	State	Zip Code	Amount	
Form (Cash, Check, etc.)				

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.