٦١**-**١١ R.C. 3517.10(B)

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

Event Date 6 -	29-13
Page	·

Name of Committee in Full		•	
Friends of Lori Ann Fe	ibel .		
Full Name of Contributor			Registration Number, if PAC
Vanessa Harmon Gouhin			
2993 Rey-New Albany Rd	Employer/Occup	pation/Labor Organization*	0 6 2 9 1 3 500-00
Blacklick	Sta te	Zip Code	Form (Çash, Check, etc.)
Full Name of Contributor	04	43004	chech
Joyce G. Keller Street Address			Registration Number, if PAC
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
2607 Sherwood Rd.		In a s	0 6 2 9 1 3 Amount 100.00
Bexley	Sta te	Zip Code 43209	Form (Cash, Check, etc.)
Full Name of Contributor		<u> </u>	Registration Number, if PAC
Alisan 5. Goldstein		· · · · · · · · · · · · · · · · · · ·	
1157 Rice Ave.	Employer/Occup	ation/Labor Organization*	062913 150.60
Gahanna	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	04	43230	chech.
Troy Markham Street Address			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
360 s. Roosevelt Ave.			106 271 3 100.
Bexley	O.4	Zip Code 43209	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Jenniter Cammeyer Street Address			
317 N Columbia And	Employer/Occup	ation/Labor Organization*	06 29 13 150 °C
Bexle 4	Sta te	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor		, , , , ,	Registration Number, if PAC
Jeffrey L. Scheiman			
Street Address / Dr.	Employer/Occupa	ation/Labor Organization*	06 2913 250 00
City Bexley	Sta te	Zip Code 4 3 209	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
Street Address	r1. /o		M D V
2671 Fair Ave.		ntion/Labor Organization*	062913 150,00
Bexley	Sta te	Zip Code 43 20 9	Form (Cash, Check, etc.)
* Required for contributions from individuals over \$100 to state	wide and General Ass	sembly candidates. If contribute	or is self-employed, the occupation and the name of

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	Total expenditures this event.
	1400,00 Daga Tatal \$

^{&#}x27;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)]