

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 Murray A. Davis					Registration Number, if PAC		
Street Address 360 S. Columbia Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 07	D 27	Y 17	Amount 250.00	
Full Name of Contributor J. Richard Briggs					Registration Number, if PAC		
Street Address 1829 Lake Shore Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43204	M 07	D 27	Y 17	Amount 250.00	
Full Name of Contributor Victor Goodman					Registration Number, if PAC		
Street Address 7482 King George Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 07	D 28	Y 17	Amount 150.00	
Full Name of Contributor Thomas N Brignon					Registration Number, if PAC		
Street Address 2416 Commonwealth Park N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 07	D 27	Y 17	Amount 250.00	
Full Name of Contributor Jeffrey D. Meyer					Registration Number, if PAC		
Street Address 195 S. Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 08	D 01	Y 17	Amount 250.00	
Full Name of Contributor Anita L. Grossman					Registration Number, if PAC		
Street Address 2696 Fair Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 07	D 29	Y 17	Amount 250.00	
Full Name of Contributor Martin A. Torch					Registration Number, if PAC		
Street Address 2833 Elm Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 06	D 31	Y 17	Amount 250.00	
Full Name of Contributor Jed W. Marison					Registration Number, if PAC		
Street Address 2572 Brentwood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	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)]

Page Total **1750.00**
~~\$0.00~~