

Statement of Contributions Received

Page 9

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Lori Ann Feibel</i>							
Full Name of Contributor <i>Celeste C. Williams</i>						Registration Number, if PAC	
Street Address <i>275 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>		Amount <i>071013 50.00</i>
Full Name of Contributor <i>Robert Schwartz</i>						Registration Number, if PAC	
Street Address <i>268 N 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>		Amount <i>071713 180.00</i>
Full Name of Contributor <i>Andrew Brodey</i>						Registration Number, if PAC	
Street Address <i>280 S. Parkview Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Paypal</i>	
City <i>Bexley</i>			State <i>OH</i>		Zip Code <i>43209</i>		Amount <i>071913 150.00</i>
Full Name of Contributor <i>Ami L Carmon</i>						Registration Number, if PAC	
Street Address <i>370 N. Columbia 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>		Amount <i>071813 250.00</i>
Full Name of Contributor <i>Katherine Giller</i>						Registration Number, if PAC	
Street Address <i>145 Ashbourne Pl</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>		Amount <i>072113 150.00</i>
Full Name of Contributor <i>Scott Schiff</i>						Registration Number, if PAC	
Street Address <i>115 W Main St. Suite 100</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>			State <i>OH</i>		Zip Code <i>43215</i>		Amount <i>072313 350.00</i>
Full Name of Contributor <i>David H. Madison</i>						Registration Number, if PAC	
Street Address <i>485 S. Parkview Ave #110</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>		Amount <i>080713 200.00</i>
Full Name of Contributor <i>Anne H. Porter</i>						Registration Number, if PAC	
Street Address <i>16 Sessions Dr.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley, OH 43209</i>			State <i>OH</i>		Zip Code <i>43209</i>		Amount <i>081313 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 \$ 1430