31-A
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	
Scott W. Schiff								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
115 W. Main St.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215	08	03	17		500.00	
Full Name of Contributor							Registration Number, if PAC	
Robert N. Steensen								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6638 Hayden Run Rd							Check	
City	State	Zip Code	M	D	Y		Amount	
Hilliard	OH	43026	08	19	17		250.00	
Full Name of Contributor							Registration Number, if PAC	
Paul G. Lacroix III								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
254 Ashbourne Pl							Check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	08	24	17		200.00	
Full Name of Contributor							Registration Number, if PAC	
I. Howard Schottenstein								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2392 E. Main St.							Check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	08	08	17		100.00	
Full Name of Contributor							Registration Number, if PAC	
Nanette L. Solomon								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
15 Lyonsgate							Check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	09	05	17		200.00	
Full Name of Contributor							Registration Number, if PAC	
Katharine Giller								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
145 Ashbourne Ave							Check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	08	28	17		100.00	
Full Name of Contributor							Registration Number, if PAC	
Jackie Yenkin								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
500 S. Parkview Ave							Check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	09	08	17		100.00	
Full Name of Contributor							Registration Number, if PAC	
Marlee Snowden								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
326 N. Columbia Ave							Paypal	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	07	26	17		250.00	

* 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)]

1700.00

Page Total ~~$0.00~~