

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page **8**

9

Name of Committee in Full Friends of Lori Ann Feibel						
Full Name of Contributor Jeffrey Folkerth				Registration Number, if PAC		
Street Address 2231 Oxford Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal		
City Columbus	State OH	Zip Code 43221	M 0	D 6	Y 27	Amount 50.00
Full Name of Contributor Babette T. Gorman				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal		
City	State	Zip Code	M 07	D 02	Y 13	Amount 100.00
Full Name of Contributor Andrew D. Smith				Registration Number, if PAC		
Street Address 39 S. Parkview Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 06	D 27	Y 13	Amount 100.00
Full Name of Contributor Douglas P. Wittig				Registration Number, if PAC		
Street Address 39 S. Ardmore Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 07	D 02	Y 13	Amount 25.00
Full Name of Contributor Karen Jones				Registration Number, if PAC		
Street Address 903 Grandon Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 06	D 14	Y 13	Amount 100.00
Full Name of Contributor Lauren B. Bonfield				Registration Number, if PAC		
Street Address 206 N. Drexel Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 07	D 07	Y 13	Amount 150.00
Full Name of Contributor Richard Rosenthal				Registration Number, if PAC		
Street Address 2978 E. Broad St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 06	D 27	Y 13	Amount 125.00
Full Name of Contributor Melanie Schottenstein				Registration Number, if PAC		
Street Address 333 N Parkview Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 06	D 25	Y 13	Amount 50.00

* 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 \$ **700.**