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 Gerald

Full Name of Contributor	Registration Number, if PAC				
Rich Fowler					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
57 Westview Avenue					Cash
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43214	08	19	11	$100.00

Full Name of Contributor	Registration Number, if PAC				
Kathy Walters					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5250 Riverside Drive					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43214	08	19	11	$100.00

Full Name of Contributor	Registration Number, if PAC				
Linda Krikos					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5340 Riverside Drive					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43214	08	20	11	$100.00

Full Name of Contributor	Registration Number, if PAC				
Mark Higdon					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
210 Westview Avenue					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43214	08	20	11	$50.00

Full Name of Contributor	Registration Number, if PAC				
Jennifer Antoszewski					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
181 Westview Avenue					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43214	10	03	11	$50.00

Full Name of Contributor	Registration Number, if PAC				
Laurence A Gilbert					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
382 Westview Avenue					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43214	08	30	11	$100.00

Full Name of Contributor	Registration Number, if PAC				
Barbara Hyde					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
147 Valley Circle NE					Check
City	State	Zip Code	M	D	Y	Amount
Warren	OH	44484	10	08	11	$50.00

Full Name of Contributor	Registration Number, if PAC				
John Oberle					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
60 W. Southington Avenue					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43085	10	10	11	$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 $650.00