

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Lori Ann Feibel							
Full Name of Contributor Kyle Ratz					Registration Number, if PAC		
Street Address 336 S. Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 08	D 04	Y 17	Amount 250.00	
Full Name of Contributor Franklin E. Kass					Registration Number, if PAC		
Street Address 150 E. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 08	D 08	Y 17	Amount 100.00	
Full Name of Contributor Howard Schnitz					Registration Number, if PAC		
Street Address 330 S. Stanwood 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	
Full Name of Contributor Alisa Issac					Registration Number, if PAC		
Street Address 269 N. Cassingham Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 08	D 08	Y 17	Amount 50.00	
Full Name of Contributor Richard A. Fankhauser					Registration Number, if PAC		
Street Address 1911 Marblecliff Crossing Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43204	M 08	D 10	Y 17	Amount 250.00	
Full Name of Contributor Anne K. Jeffrey					Registration Number, if PAC		
Street Address 296 Ashbourne Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 08	D 15	Y 17	Amount 300.00	
Full Name of Contributor Michael Carruthers					Registration Number, if PAC		
Street Address 2288 E. Main St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 08	D 18	Y 17	Amount 100.00	
Full Name of Contributor W. Thomas Farguhar					Registration Number, if PAC		
Street Address 128 N. Cassady Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 08	D 22	Y 17	Amount 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)]

Page Total **1400.00**
~~\$0.00~~