

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 Dyauma M. Garrison					Registration Number, if PAC		
Street Address 8033 Slate Park Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 5	Y 0213	Amount 100.00	
Full Name of Contributor Victoria W. Hayward					Registration Number, if PAC		
Street Address 7057 Shetland St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43235	M 0	D 5	Y 0213	Amount 100.00	
Full Name of Contributor Darren S. Patton					Registration Number, if PAC		
Street Address 504 Coriander Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230	M 0	D 5	Y 0213	Amount 300.00	
Full Name of Contributor Lawrence Binsky					Registration Number, if PAC		
Street Address 75 S. Cassingham Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Bexley	State OH	Zip Code 43209	M 0	D 5	Y 0213	Amount 100.00	
Full Name of Contributor Donald T. Feibel					Registration Number, if PAC		
Street Address 10 Wivelisombe		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 0	D 5	Y 0213	Amount 150.00	
Full Name of Contributor Samuel L. Norman					Registration Number, if PAC		
Street Address 13349 Wellesley Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pickerington	State OH	Zip Code 43147	M 0	D 5	Y 0213	Amount 200.00	
Full Name of Contributor Marilyn J. Tomasi					Registration Number, if PAC		
Street Address 2263 Sheringham Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43220	M 0	D 5	Y 0213	Amount 75.00	
Full Name of Contributor Susan M. Coe					Registration Number, if PAC		
Street Address 5659 Notre Dame Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43213	M 0	D 5	Y 0213	Amount 75.00	

* 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 \$ 1100