

FOR PAPER FILING ONLY Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Lori Ann Felbel							
Full Name of Contributor Catherine Presper						Registration Number, if PAC	
Street Address 351 S. Columbia Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Bexley	State OH	Zip Code 43209	M 08	D 27	Y 17	Amount 250.00	
Full Name of Contributor Joel Politi						Registration Number, if PAC	
Street Address 116 S. Columbia Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Bexley	State OH	Zip Code 43209	M 08	D 31	Y 17	Amount 500.00	
Full Name of Contributor David Madison						Registration Number, if PAC	
Street Address 485 S. Parkview Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 09	D 09	Y 17	Amount 100.00	
Full Name of Contributor Debora Kane						Registration Number, if PAC	
Street Address 181 Stamberg Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Bexley	State OH	Zip Code 43209	M 09	D 03	Y 17	Amount 75.00	
Full Name of Contributor C. David Paragas						Registration Number, if PAC	
Street Address 41 S. High St. #3300			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Columbus	State OH	Zip Code 43215	M 09	D 15	Y 17	Amount 100.00	
Full Name of Contributor Mary Ross-Dolen						Registration Number, if PAC	
Street Address 90 S. Stanwood Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Bexley	State OH	Zip Code 43209	M 09	D 27	Y 17	Amount 150.00	
Full Name of Contributor Joy Soll						Registration Number, if PAC	
Street Address 141 S. Drexel Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 10	D 03	Y 17	Amount 180.00	
Full Name of Contributor Anny Hoffman						Registration Number, if PAC	
Street Address 2722 Bexley Park Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 10	D 07	Y 17	Amount 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)]

1465.00
Page Total **\$0.00**