

INK PAPER FILING ONLY

Event Date	8/9/17
Page	1

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Friends of Lori Ann Feibel</i>						
To Whom Paid <i>Jonathan B Feibel</i>			M	D	Y	Amount
			09	26	17	1,114.36
Address <i>218 N. Parkview Ave</i>		Purpose <i>reimburse for campaign event catering</i>				
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	Check Number <i>1003</i>			
To Whom Paid <i>Jonathan B. Feibel</i>			M	D	Y	Amount
			11	08	17	979.28
Address <i>218 N. Parkview Ave</i>		Purpose <i>reimburse for campaign event catering</i>				
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	Check Number <i>1008</i>			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <i>OH</i>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <i>OH</i>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <i>OH</i>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <i>OH</i>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <i>OH</i>	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

2093.64
Page Total \$