

# Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Lori Ann Feibel</b>							
Full Name of Contributor <b>Kimberly R. Wilson</b>						Registration Number, if PAC	
Street Address <b>2404 Bexley Park Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Bexley</b>			State <b>OH</b>	Zip Code <b>43209</b>	M <b>06</b>	D <b>29</b>	Y <b>13</b>
Amount <b>150.00</b>							
Full Name of Contributor <b>Catherine F. Kauffman</b>						Registration Number, if PAC	
Street Address <b>2650 Brentwood Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Bexley</b>			State <b>OH</b>	Zip Code <b>43209</b>	M <b>06</b>	D <b>29</b>	Y <b>13</b>
Amount <b>100.00</b>							
Full Name of Contributor <b>Kim Snook</b>						Registration Number, if PAC	
Street Address <b>7363 Milton Court</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>			State <b>OH</b>	Zip Code <b>43054</b>	M <b>10</b>	D <b>01</b>	Y <b>13</b>
Amount <b>100.00</b>							
Full Name of Contributor <b>Debra Kane</b>						Registration Number, if PAC	
Street Address <b>181 Stanbery Ave</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Bexley</b>			State <b>OH</b>	Zip Code <b>43209</b>	M <b>10</b>	D <b>18</b>	Y <b>13</b>
Amount <b>75.00</b>							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
Amount							
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State	Zip Code	M	D	Y
Amount							

\* 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 \$ 425