

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 Angela R. Lehen				Registration Number, if PAC		
Street Address 466 Furman St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Pickerington	State OH	Zip Code 43147	M 0	D 5	Y 02	Amount 75.00
Full Name of Contributor Kandi L. Pach				Registration Number, if PAC		
Street Address 2541 Colts Neck Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Blacklick	State OH	Zip Code 43004	M 6	D 5	Y 02	Amount 75.00
Full Name of Contributor Joanne L. Feibel				Registration Number, if PAC		
Street Address 767 S. Roosevelt Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 0	D 5	Y 02	Amount 75.00
Full Name of Contributor Kimberly Erickson				Registration Number, if PAC		
Street Address 7811 Windy Hill Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43016	M 0	D 5	Y 02	Amount 50.00
Full Name of Contributor Penny Masters Boes				Registration Number, if PAC		
Street Address 515 Tucker Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 0	D 5	Y 02	Amount 75.00
Full Name of Contributor Lynne E. C. Smith				Registration Number, if PAC		
Street Address 7809 Lambton Pk Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 0	D 5	Y 02	Amount 75.00
Full Name of Contributor Christopher Zoeller				Registration Number, if PAC		
Street Address 107 Oakbridge Park		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Tiffin	State OH	Zip Code 44883	M 0	D 5	Y 02	Amount 100.00
Full Name of Contributor Kathleen Myers Ostrowski				Registration Number, if PAC		
Street Address 7262 Rosegate Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 0	D 5	Y 02	Amount 200.00

* 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 \$ 725