

Statement of Contributions Received

Page 4

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Lori Ann Feibel</i>							
Full Name of Contributor <i>Roger A Friedman MD</i>						Registration Number, if PAC	
Street Address <i>290 N. Remington Rd</i>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	M <i>0</i>	D <i>5</i>	Y <i>14</i>	Amount <i>150.00</i>	
Full Name of Contributor <i>Jeffrey D Meyer</i>						Registration Number, if PAC	
Street Address <i>195 S Columbia Ave</i>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	M <i>0</i>	D <i>5</i>	Y <i>14</i>	Amount <i>250.00</i>	
Full Name of Contributor <i>David A. Belford</i>						Registration Number, if PAC	
Street Address <i>2950 E. Broad St.</i>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>	M <i>0</i>	D <i>5</i>	Y <i>16</i>	Amount <i>250.00</i>	
Full Name of Contributor <i>Kyle Katz</i>						Registration Number, if PAC	
Street Address <i>336 S. Columbia Ave</i>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	M <i>0</i>	D <i>5</i>	Y <i>17</i>	Amount <i>250.00</i>	
Full Name of Contributor <i>Elizabeth M. Lee</i>						Registration Number, if PAC	
Street Address <i>80 S. Columbia Ave</i>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	M <i>0</i>	D <i>5</i>	Y <i>22</i>	Amount <i>250.00</i>	
Full Name of Contributor <i>Elizabeth T Tierney</i>						Registration Number, if PAC	
Street Address <i>1685 Arlington Ave.</i>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>	
City <i>Upper Arlington</i>	State <i>OH</i>	Zip Code <i>43212</i>	M <i>0</i>	D <i>5</i>	Y <i>20</i>	Amount <i>150.00</i>	
Full Name of Contributor <i>Michael S. Schiff</i>						Registration Number, if PAC	
Street Address <i>400 S Parkview Ave</i>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	M <i>0</i>	D <i>5</i>	Y <i>14</i>	Amount <i>250.00</i>	
Full Name of Contributor <i>Carrie Madison</i>						Registration Number, if PAC	
Street Address <i>2 Lyonsgate</i>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	M <i>0</i>	D <i>5</i>	Y <i>23</i>	Amount <i>100.00</i>	

* 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 \$ 1650.