## Statement of Contributions Received at a Social or Fund-Raising Event

Event	Date 5	-29	73
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Prescribed by Secretary of State 03/0:

Name of Committee in Full					
Friends of Lori Ann Fer	be/				
Full Name of Contributor	201		Registration Number, if PAC		
Cassandra N Brigdon Street Address					
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount		
24/6 Commonwealth Park N			062913/50.00		
Bexlen	Sta to OH	Zip Code 43209	Form (Cash, Check, etc.)		
Full Name of Contributor		73007	Registration Number, if PAC		
alisa Issac			Registration (Military, II 176)		
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount - C		
269 N. Cassingham Rd			M D Y Amount 150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	check		
Full Name of Constitutor			Registration Number, if PAC		
Dana C Adler					
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount		
375 S. Parkview Ave.			06 29 13 150,00		
City Days	Sta te	Zip Code	Form (Cash, Check, etc.)		
Bexley	DH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Pamela J. Beeler					
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount		
414 N. Drexel Ave.			062913 Amount 150,00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Bexley	DH	43209	chick		
Full Name of Calmillator	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC		
Gordon E. Hecker Street Address					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
363 N. Drexel Ame.			062913 150,00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Bexley	04	43209	cheek		
Full Name of Contributor			Registration Number, if PAC		
Kimberly R. Wilson					
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount		
2404 Bexley Park Rd.			062913 150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Bexley	1 OH	43209	chech		
Full Name of Contributor		- <del> </del>	Registration Number, if PAC		
Catherine F. Kauffman					
Street Address	Final over/Occupation / Short Organization *				
2650 Brentwood Rd.	Zamproyen Occupation Labor Organization		062913 Amount 100.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Bexley	04	43209	chech		
* Required for contributions from individuals over \$100 to statewide	and General Asse	mbly candidates. If contributo	r is self-employed, the occupation and the name of		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.	
		1000,00

<sup>\*</sup> 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)]