



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee	·····			
Full Name of Committee Friends of Lori Ann Feibel				
Full Name of Contributor			Registration Number, if PAC	
Lori Ann Feibel				
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
218 N. Parkview Ave	Refund		01/16/2018	PayPal
City	State	Zip Code		Amount
Bexley	ОН	43209		399.85
Full Name of Contributor		Registration Number, if PAC		
First Financial Bank				
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
2680 E. Main St.	Investment/income		paid quarterly	direct deposit
City	State	Zip Code	·	Amount
Bexley	он	43209		8.47
Full Name of Contributor		Registration Number, if PAC		
Street Address	Type*	Date (MM/D	D/YYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code	Amount	
	ОН			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code	Code Amount	
	ОН			
Full Name of Contributor			Registration Number, if PAC	
Street Address	Туре*	Date (MM/D	Date (MM/DD/YYYY) Form (Cash, Check, etc.)	
	Refund			
City	State	Zip Code Amount		
	ОН			
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Page Total \$

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.