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

Svent Date 08/09/17

Name of Committee in Full	riescribed by Secret	ary of state 05/05	
Friends of Lori Ann Fe	01h01		
Full Name of Contributor	101761		Registration Number, if PAC
Kay Helman			
63 5 Cassady Ave	Employer/Occupation/Labor Organization*		0 8 0 9 7 Amount 100.00
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	ОН	43209	chech
Full Name of Contributor			Registration Number, if PAC
Ronald Robins			M. D. V. Amount
160 S. Merkle Rd	Employer/Occupation/Labor Organization*		080917 150.00
City O /	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	OH	43209	check
Full Name of Contributor Roger Friedman			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
290 N. Remington Rd			080917 150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	47207	Registration Number, if PAC
Jennifer Ciccarelli			
Secont Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
BOS. Columbia Ave			080917 100.00
City BOY/ex	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.)
Full Name of Contributor	011	17401	Registration Number, if PAC
Caryn Shapiro			
155 N. Remington Rd	Employer/Occupation/Labor Organization*		M D Y Amount
135 N. Nemington Ra	Sta te	Zip Code	080917 100.00 Form (Cash, Check, etc.)
Bexlu	OH	43209	check
Full Name of Contributor			Registration Number, if PAC
Robert Cahill	<del></del>		M D Y Amount
720 Grandon AVE	Employer/Occupation/Labor Organization*		080917 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	ОН	43209	check
Full Name of Contributor			Registration Number, if PAC
JDJ MUSSEV Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2479 Fair Ane	Employer overpation batter organization		080917 150.00
City Bay La	Stal te	Zip Code	Form (Cash, Check, etc.)
verleg	OH	43209	
* Required for contributions from individuals over \$100 to state the individual's business, if any, rather than employer should be	ewide and General A e listed. If two or mo	ssembly candidates. If contribure employees contribute via pay	tor is self-employed, the occupation and the name troll deduction and exceed the aggregate of \$100, t
labor organization of which the employees are members, if any	, must also appear. [	R.C. 3517.10(B)(4)]	
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	f Contributor state "Contribution	ns from form No. 31-E" and list the date of the even

Total contributions this event	Total expenditures this event.	
\$0.00	\$0.00	850.00 Page Total \$