Statement of Other Income
Prescribed by Secretary of State 2/01

Name of Committee in Full
Friends of Lori Ann Feibel

Full Name			Registration Number, if PAC			
Jonathan B. Feibel						

Address	Type*		M	D	Y	Amount
180 N. Parkview Ave.	LN		04 08 13			1000.00

City	State	Zip Code	Form (Cash, Check, etc.)
Bexley	OH	43209	check

Full Name			Registration Number, if PAC

Address	Type*		M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)

Full Name			Registration Number, if PAC

Address	Type*		M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)

Full Name			Registration Number, if PAC

Address	Type*		M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)

Full Name			Registration Number, if PAC

Address	Type*		M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)

Full Name			Registration Number, if PAC

Address	Type*		M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)

Full Name			Registration Number, if PAC

Address	Type*		M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)

Full Name			Registration Number, if PAC

Address	Type*		M	D	Y	Amount

City	State	Zip Code	Form (Cash, Check, etc.)

* 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.

Page Total $ 1,000.00