7.1-L R.C. 3517.10(B)

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

Event Date 5	/2/13
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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of Lori Ann	Leibel		
Full Name of Contributor			Registration Number, if PAC
June K. Gutterman			
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
7995 Bluefield St.			050213 100.00
Canal Winchester	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH	43/10	check
Full Name of Contributor			Registration Number, if PAC
Arlene Richman Street Address		 	
7995 Bluefield St.	Employer/Occup	ation/Labor Organization*	M D Y Amount
	Sta te	Zip Code	050213 75.00 Form (Cash, Check, etc.)
Canal Winchester	OH	43110	Chessa, check, etc.)
Full Name of Contributor		1 - 110	Registration Number, if PAC
Angela R. Lehew			
Silver Addicas	Employer/Occup	ation/Labor Organization*	M D Y Amount
466 Furman St.			050213 75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pickerington	04	43147	chech
Variable of Contributor			Registration Number, if PAC
Kandi L. Pach Street Address	<u> </u>		
2541 Colts Neck Rd	Employer/Occupation/Labor Organization*		0502/3 75.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Blacklick	OH	43004	check, etc.)
Full Name of Contributor		, , , , , ,	Registration Number, if PAC
Joanne L. Feibel			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
767 S. Roosevelt Ave			05021375.00
Bexley	Sta te	Zip Code	Form (Casb, Check, etc.)
Full Name of Contributor	OH	43209	
			Registration Number, if PAC
Kimberly Erickson Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
7811 Windy Hill Court	Employer, Occupa	mon Lagor Organization.	050213 5000
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Publin	OH	43016	chech
Full Name of Contributor		1 / / /	Registration Number, if PAC
Street Address Street Address Employer/Occupation/Labor Organization* M D Y Amount 050 Z 1 3 75.00			
Street Addréss	Employer/Occupation/Labor Organization*		050213 75.00
515 Tucker Ave.			
Worthington	Sta te	Zip Code 43085	Form (Cash, Check, etc.) Chech
Required for contributions from individuals over \$100 to statewing	<u> </u>	, ,	
to some founding from finitely finds over \$100 to statewith	and Otheral Ass	emory candidates, ii contribut	or is sen-emproved, the occubation 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.
	525,00 Page Total 6

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)]