

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Lori Ann Feibel					
Full Name of Contributor Laura E. Desai				Registration Number, if PAC	
Street Address 2584 Bryden Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 05	D 02	Y 13
			Amount 200.00		
Full Name of Contributor Angela Golden				Registration Number, if PAC	
Street Address 4036 Chelsea Green E		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City New Albany	State OH	Zip Code 43054	M 05	D 02	Y 13
			Amount 75.00		
Full Name of Contributor Catherine F. Kauffman				Registration Number, if PAC	
Street Address 2650 Brentwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 05	D 02	Y 13
			Amount 75.00		
Full Name of Contributor Shawn D. Holt				Registration Number, if PAC	
Street Address 5061 Blackstone Edge Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City New Albany	State OH	Zip Code 43054	M 05	D 02	Y 13
			Amount 75.00		
Full Name of Contributor Kim L. Niswander				Registration Number, if PAC	
Street Address 2768 Cimiminson Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Hilliard	State OH	Zip Code 43026	M 05	D 02	Y 13
			Amount 100.00		
Full Name of Contributor Leslie N. Knott				Registration Number, if PAC	
Street Address 190 S. Ardmore Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 05	D 02	Y 13
			Amount 150.00		
Full Name of Contributor June K. Gutterman				Registration Number, if PAC	
Street Address 7995 Bluefield St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Canal Winchester	State OH	Zip Code 43110	M 05	D 02	Y 13
			Amount 100.00		
Full Name of Contributor Arlene Richman				Registration Number, if PAC	
Street Address 7995 Bluefield St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Canal Winchester	State OH	Zip Code 43110	M 05	D 02	Y 13
			Amount 75.00		

* 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)]

Page Total \$ **850**