

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Lori Ann Feibel				
Full Name of Contributor Leslie Knott		Registration Number, if PAC		
Street Address 190 S. Ardmore Rd	Employer/Occupation/Labor Organization*	M 08	D 09	Y 17
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	Amount 150.00
Full Name of Contributor Pamela Beeler		Registration Number, if PAC		
Street Address 414 N. Drexel Ave	Employer/Occupation/Labor Organization*	M 08	D 09	Y 17
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	Amount 100.00
Full Name of Contributor Dana Adler		Registration Number, if PAC		
Street Address 375 S. Parkview Ave	Employer/Occupation/Labor Organization*	M 08	D 09	Y 17
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	Amount 100.00
Full Name of Contributor Lawrence Binsky		Registration Number, if PAC		
Street Address 75 S. Cassingham Rd	Employer/Occupation/Labor Organization*	M 08	D 08	Y 17
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	Amount 300.00
Full Name of Contributor Marc Fishel		Registration Number, if PAC		
Street Address 2601 E. Broad St.	Employer/Occupation/Labor Organization*	M 08	D 09	Y 17
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	Amount 150.00
Full Name of Contributor Ernest Sullivan		Registration Number, if PAC		
Street Address 2258 Delavan Dr.	Employer/Occupation/Labor Organization*	M 08	D 09	Y 17
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) check	Amount 250.00
Full Name of Contributor Steven Grossman		Registration Number, if PAC		
Street Address 201 S. Cassady Ave	Employer/Occupation/Labor Organization*	M 08	D 09	Y 17
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	Amount 150.00

* 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)]

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

\$0.00

Total expenditures this event.

\$0.00

1200.00
Page Total \$ 0.00