

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Lori Ann Feibel</i>							
Full Name of Contributor <i>Kristin M. Foley</i>						Registration Number, if PAC	
Street Address <i>112 N. Parkview Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y Amount <i>05 29 13 250.00</i>	
Full Name of Contributor <i>P Jon Meyer</i>						Registration Number, if PAC	
Street Address <i>85 Stanbery Rd</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Paypal</i>	
City <i>Bexley OH</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y Amount <i>05 28 13 250.00</i>	
Full Name of Contributor <i>J. Richard Briggs</i>						Registration Number, if PAC	
Street Address <i>228 S. Drexel Ave.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y Amount <i>05 12 13 250.00</i>	
Full Name of Contributor <i>Julie Saar</i>						Registration Number, if PAC	
Street Address <i>367 N Columbia Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y Amount <i>06 03 13 180.00</i>	
Full Name of Contributor <i>Whitney Lucks</i>						Registration Number, if PAC	
Street Address <i>9 Sessions Dr.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y Amount <i>06 05 13 250.00</i>	
Full Name of Contributor <i>Lee Ann V. Hadley</i>						Registration Number, if PAC	
Street Address <i>90 N. Columbia Ave</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y Amount <i>06 17 13 250.00</i>	
Full Name of Contributor <i>Bruce Meyer</i>						Registration Number, if PAC	
Street Address <i>150 Ashbourne Rd.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y Amount <i>06 10 13 50.00</i>	
Full Name of Contributor <i>Molly H. Ruben</i>						Registration Number, if PAC	
Street Address <i>140 S. Columbia Ave.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Bexley</i>		State <i>OH</i>		Zip Code <i>43209</i>		M D Y Amount <i>06 18 13 150.00</i>	

* 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)]