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 Registration Number, if PAC				
P. Jon Meyer				
85 Stanbery Rd	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.) Paylal
Bexley (OH State	Zip Çode 43209	07 26 17	Amount 250.00
Full Name of Contributor	Registration Number, if P.	AC		
Bernard Ostrowski Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
7262 Rosegate Place				Pay pal
Dublin	OH State	Zip Code 43017	072617	250.00
Full Name of Contributor	Registration Number, i			AC
Darrin Patton Street Address	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.)
504 Coriander Place				Yay pal
Gahanna	OH	Zip Code 43230	072617	250.60
Full Name of Contributor Matthew Grossman Registration Number, if PAC				
Street Address 231 N. Drexe(Auc	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
Sex/en	State OH	Zip Code 43209	672717	Amount 250,00
Full Name of Confributor Susan Tomasky Street Address Employer/Occupation/Labor Organization Registration Number, if PAC Form (Cash, Check, etc.)				
90 Ashbourne Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pal
City Bex/ey	State OH	Zip Code 43209	072917	Amount 100.00
Full Name of Contributor	<u> </u>		Registration Number, if I	PAC
Elizabeth Rastner Street Address	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
250 West St. # 500				Pay pal
Columbus	OH	Zip Code 43215	073017	30.00
Full Name of Contributor SeH Cammayer			Registration Number, if	PAC
Street Address 317 N Columbia Ave.	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
City Bex ley Full Name of Contributor	State OH	Zip Code 43209	Ø73117	Amount
Full Name of Contributor Parid Dure!! Registration Number, if PAC				
David Durell Street Address 239 N. Parkview Ave	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
City Bexlen	State OH	Zip Code 43209	073117	Pay pal Amount 250.00

Page Total \$8=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)]