

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | |
|--|--|--|---|--|--------------------------|---|--|--|---------------------------|
| Name of Committee in Full Friends of Jeni Quesenberry | | | | | | | | | |
| Full Name of Contributor Kathryn O Vansant | | | | | | Registration Number, if PAC | | | |
| Street Address 8105 Ash Ct NW | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Canal Winchester | | | State O H | | Zip Code 43110 | | M D Y 0 7 2 5 1 7 | | Amount 50.00 |
| Full Name of Contributor Jeremy Eugene Blake | | | | | | Registration Number, if PAC | | | |
| Street Address 71 Gainor Ave | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Newark | | | State O H | | Zip Code 43055 | | M D Y 0 7 2 5 1 7 | | Amount 50.00 |
| Full Name of Contributor Christine A Smith | | | | | | Registration Number, if PAC | | | |
| Street Address 8334 Priestley Dr | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | | | State O H | | Zip Code 43068 | | M D Y 0 7 2 5 1 7 | | Amount 50.00 |
| Full Name of Contributor Crystal Quesenberry | | | | | | Registration Number, if PAC | | | |
| Street Address 350 Log Cabin Ct | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Credit Card | | |
| City Selma | | | State N C | | Zip Code 27576 | | M D Y 0 8 0 1 1 7 | | Amount 25.00 |
| Full Name of Contributor Margarey Mary A Luzny | | | | | | Registration Number, if PAC | | | |
| Street Address 486 Woggoner Rd | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | | | State O H | | Zip Code 43068 | | M D Y 0 8 1 0 1 7 | | Amount 25.00 |
| Full Name of Contributor Priscilla Roberge | | | | | | Registration Number, if PAC | | | |
| Street Address 372 Cumberland Dr | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Whitehall | | | State O H | | Zip Code 43213 | | M D Y 0 8 1 0 1 7 | | Amount 50.00 |
| Full Name of Contributor Stonewall Democrats of Central Ohio | | | | | | Registration Number, if PAC | | | |
| Street Address 340 E Fulton St | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | | | State O H | | Zip Code 43215 | | M D Y 0 8 2 2 1 7 | | Amount 100.00 |
| Full Name of Contributor United Food & Commercial Workers Active Ballot Club | | | | | | Registration Number, if PAC C00002766 | | | |
| Street Address 1775 K Street NW | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | |
| City Washington | | | State D C | | Zip Code 20006 | | M D Y 0 8 2 4 1 7 | | Amount 1,500.00 |

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,850.00