Page <u>3</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Friends of Jeni Quesenberry Friend Some of Complainer Roger V Cruse Street Address 989 Hillridge Rd Gry Reynoldsburg OH 43068 O5 0 9 1 7 16.00 Reproductive Number of Registration Number of Registra									
Form (Cash, Check, etc.) Form (Cash, Check,	Name of Committee in Full	<u>-</u>							
Roger V Cruse Street Address Stree								·	
State Address State Address State Address State Address State Address Addr				tion Num	ber, if PA	С			
State Zip Code State Zip Code M									
State Agricus State Agricus		Employer/Occup	ation/Labor Organization*					eck, etc.)	
Reynoldsburg	989 Hillridge Rd						Check		
Full Name of Contributor	City		1 ·	1	1	1 1	Amount		
Linda E Geist Street Address Employer(Occupation/Labor Organization* State Zip Code O H 43213 O 5 O 9 1 7 100.00		OH	43068	0.5	0 9	1 7		16.00	
Employer/Occupation/Labor Organization*	The state of the s			Registra	tion Num	ber, if PA	Ċ		
S750 Willowcreek Cir	Linda E Geist								
State Zip Code M A D Y Amount		Employer/Occup	Employer/Occupation/Labor Organization*						
Columbus	5750 Willowcreek Cir						Check		
Form (Cash, Check, etc.) Check C	City	1	Zip Code	М	D	Y	Amount		
Christopher Marlowe Shook Street Address Employer/Occupation/Labor Organization* Storet Check Storet	Columbus	O H	43213	0_5	0_9	1 7		100.00	
Street Address	Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address	Christopher Marlowe Shook								
State Zip Code M Jo V Amount 100.00		Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
State Zip Code M Jo V Amount 100.00	572 Hunnicut Dr						Check		
Full Name of Contributor Gloria M Greening Street Address Employer/Occupation/Labor Organization* State Zip Code M D Y Amount	City	State	Zip Code	М	D	Y	Amount		
Street Address	Reynoldsburg	OH	43068	0_5	0 9	1 7		100.00	
Employer/Occupation/Labor Organization*	Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Employer/Occupation/Labor Organization*	Gloria M Greening								
State Zip Code M Q D Y Amount Double Check	Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
Columbus	5972 Little Brook Way						Check		
Full Name of Contributor State Zip Code M D Y Amount	City	State	Zip Code	М	D	Y	Amount		
Street Address	Columbus	O H	43232	0_5	0 9	1 7		100.00	
Street Address Employer/Occupation/Labor Organization*									
Street Address Employer/Occupation/Labor Organization*	James H Rodenmayer								
State City Reynoldsburg O	Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Reynoldsburg	1020 Ruskin Dr		_				Check		
Full Name of Contributor Kristin Bryant Bryant Law Offices LLC	City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Kristin Bryant / Bryant Law Offices LLC Street Address 538 E Rich St City Columbus Columbus Full Name of Contributor John (JP) Sterns Street Address 6992 Nocturne Rd N City Reynoldsburg Form (Cash, Check, etc.) Credit Card City State City St	Reynoldsburg	OH	43068	0.5	0 9	1 7		100.00	
Street Address Employer/Occupation/Labor Organization* State Zip Code Check	Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
State State Check	Kristin Bryant/Bryant Law Offices LLC								
State City Columbus Colum	Street Address	Employer/Occupation/Labor Organization*							
Columbus	538 E Rich St						Check		
Full Name of Contributor John (JP) Sterns Street Address 6992 Nocturne Rd N City Reynoldsburg Full Name of Contributor State OH 43068 Street Address Form (Cash, Check, etc.) Credit Card Amount Registration Number, if PAC Credit Card Credit Card Tore the contributor Shanette Strickland/Strickland LLC Street Address 651 Mirandy Pl City State Zip Code Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card Credit Card Credit Card Credit Card Amount Credit Card Credit Card Credit Card	City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor John (JP) Sterns Street Address 6992 Nocturne Rd N City Reynoldsburg Full Name of Contributor Shanette Strickland/Strickland LLC Street Address 651 Mirandy Pl City State	Columbus	OH	43215	0_5	0 9	1 7		100.00	
Street Address Employer/Occupation/Labor Organization*				Registra	tion Num	ber, if PA	.C		
Street Address Employer/Occupation/Labor Organization*	Iohn (IP) Sterns								
City Reynoldsburg OH 43068 O H 0 9 1 7 1.07 Full Name of Contributor Shanette Strickland/Strickland LLC Street Address 651 Mirandy Pl City State Zip Code M D Y Amount Registration Number, if PAC Form (Cash, Check, etc.) Credit Card City State Zip Code M D Y Amount Amount Amount Amount Amount Credit Card		Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					eck, etc.)		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	6992 Nocturne Rd N					Credit Card			
Full Name of Contributor Shanette Strickland/Strickland LLC Street Address 651 Mirandy Pl City Registration Number, if PAC Form (Cash, Check, etc.) Credit Card Amount		State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Shanette Strickland/Strickland LLC Street Address 651 Mirandy Pl City Registration Number, if PAC Form (Cash, Check, etc.) Credit Card Amount	Reynoldsburg	OH	43068	0 6	0 9	1 7		1.07	
Street Address 651 Mirandy Pl City Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card M D Y Amount	Full Name of Contributor Registration Number, if PAC								
Street Address 651 Mirandy Pl City Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Credit Card M D Y Amount	Shanette Strickland/Strickland LLC								
City State Zip Code M D Y Amount		Employer/Occupation/Labor Organization*							
City State Zip Code M D Y Amount	651 Mirandy Pl								
Reynoldsburg O H 43068 0 7 2 4 1 7 25.00		E .	Zip Code	- 1			Amount		
	Reynoldsburg	O H	43068	0 7	2 4	1 7	<u></u>	25.00	

* 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 \$	542.07