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Statement of Loans Received

Prescribed by Secretary of State3/05

				110	scribed o	y occicia	y or sta					
Full Name of Committee											-	
Friends of Jeni Queser	iberry	7		-					D			I Ama I dabia David
From Whom Received							Prior Amount 225.48			Amt. Incurred this Period 761.13		
Jeniffer L Quesenberry							_		25.40	Outstanding Balance		
Address 949 Lancaster Ave												986.61
City	State	Zip Code		Los	ns Receiv	ed This	Period				Pavm	ents This Period
Reynoldsburg		43068		Loans Received This Period Date Amount			Date			Amount		
	м 0 4	D 2 4	1 7	м 1 1	D 0 2	1 7	\$	315.00	М	D	Y	\$
Registration Number, if PAC		<u>. — ; </u>		м 1 2	D 0 5	Y 1 7		446.13	М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		-	М	D	Y	
From Whom Received				-		<u> </u>		4.	Prior An	nount		Amt. Incurred this Period
Address						1-4						Outstanding Balance
City	State	Zip Code	:	Loans Received This Period Date Amount				Amount	Payments This Period Date Amount			
	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	 ,	i. <u>.</u>	<u> </u>	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received				<u> </u>	<u></u>				Prior An	nount		Amt. Incurred this Period
Address												Outstanding Balance
City	State	Zip Code	 -	Loans Received This Period				Payments This Period				
				Date Amount			Amount	Date			Amount	
	М	D	Y	М	D	Y	S		М	D	Y	\$
Registration Number, if PAC			-	M	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
*D 100 to section and \$100 to section		,		1:1-6	IC	ما معالما	1C	ployed occupation and	the nom	a of the in	dividual'e	husiness

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfe	er total of all loans received this period to the Statement of Other Income (Form No. 31-A-2)
Transfer total of all payments made in this period to the Statement of Expenditure	s (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	225.48	
2	Total received this period \$	761.13	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	986.61	(To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate 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)