

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Jeni Quesenberry										
Full Name of Contributor Jeni Quesenberry						Registration Number, if PAC				
Street Address 949 Lancaster Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Reynoldsburg			State O H		Zip Code 43068		M 0	D 3	Y 2 0 1 7	Amount 25.00
Full Name of Contributor Franklin County Democratic Women's Club						Registration Number, if PAC				
Street Address 1029 Northfield Place N			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Reynoldsburg			State O H		Zip Code 43068		M 0	D 4	Y 2 4 1 7	Amount 50.00
Full Name of Contributor John (JP) Sterns						Registration Number, if PAC				
Street Address 6992 Nocturne Rd N			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card			
City Reynoldsburg			State O H		Zip Code 43068		M 0	D 5	Y 0 5 1 7	Amount 50.00
Full Name of Contributor William M Quesenberry						Registration Number, if PAC				
Street Address 949 Lancaster Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card			
City Reynoldsburg			State O H		Zip Code 43068		M 0	D 5	Y 0 6 1 7	Amount 5.00
Full Name of Contributor Michelle Schott						Registration Number, if PAC				
Street Address 8168 Rameys Crossing Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card			
City Blacklick			State O H		Zip Code 43005		M 0	D 5	Y 0 6 1 7	Amount 100.00
Full Name of Contributor Diana Marlette						Registration Number, if PAC				
Street Address 3916 Cleggan St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash			
City Canal Winchester			State O H		Zip Code 43110		M 0	D 5	Y 0 9 1 7	Amount 10.00
Full Name of Contributor Dottie Low						Registration Number, if PAC				
Street Address 1963 Destin Pl N			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash			
City Reynoldsburg			State O H		Zip Code 43068		M 0	D 5	Y 0 9 1 7	Amount 6.00
Full Name of Contributor Bob Hockenberger						Registration Number, if PAC				
Street Address 8612 Appleridge Cir			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash			
City Pickerington			State O H		Zip Code 43147		M 0	D 5	Y 0 9 1 7	Amount 20.00

* 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 \$ 266.00