



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Mack Quesenberry				
Full Name of Contributor Nicodemus for Trustee			Registration Number, if PAC	
Street Address 1146 Carrousel		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08-19-19	Amount 200.00
Full Name of Contributor Columbus Franklin County AFL-CIO PCE			Registration Number, if PAC	
Street Address 1525 Alum Creek Dr.		Employer/Occupation/Labor Organization* AFL-CIO		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08-21-2019	Amount \$500.00
Full Name of Contributor United Food & Commercial Workers			Registration Number, if PAC	
Street Address 1775 K Street NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Washington Dc.	State DC	Zip Code 20036-8	Date (MM/DD/YYYY) 07-22-2019	Amount \$500.00
Full Name of Contributor Reynoldsburg Area Democrats			Registration Number, if PAC	
Street Address 550 E Walnut St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08-20-2019	Amount \$100.00
Full Name of Contributor Michelle Schott			Registration Number, if PAC	
Street Address 1823 Steckel Rd		Employer/Occupation/Labor Organization* Reynoldsburg DSCC		Form (Cash, Check, etc.) Paypal
City Reyn	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08-21-2019	Amount \$75.00

*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)]

Page Total \$1375.00