

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Jenifer French									
Full Name of Contributor Cynthia A. Sanner							Registration Number, if PAC		
Street Address 2920 Crescent Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus				State OH		Zip Code 43204		M 0 D 8 Y 0 1 1 3 Amount \$100.00	
Full Name of Contributor Gina Romanelli							Registration Number, if PAC		
Street Address 6745 Temperance Point				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville				State OH		Zip Code 43082		M 0 D 8 Y 1 2 1 3 Amount \$100.00	
Full Name of Contributor Kristine N. Easley							Registration Number, if PAC		
Street Address 12 South Hempstead Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville				State OH		Zip Code 43081		M 0 D 8 Y 1 4 1 3 Amount \$50.00	
Full Name of Contributor Diane Fosselman							Registration Number, if PAC		
Street Address 1260 Autumn Park Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville				State OH		Zip Code 43081		M 0 D 9 Y 2 6 1 3 Amount \$75.00	
Full Name of Contributor Andrew Feltz							Registration Number, if PAC		
Street Address 1111 Forest Glen Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville				State OH		Zip Code 43081		M 0 D 9 Y 1 3 1 3 Amount \$25.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		M D Y Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		M D Y Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		M D Y Amount	

* 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)]