

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|---------------------|---|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full Friends of Jeni Quesenberry | | | | | | | |
| Full Name of Contributor Gloria M Greening | | | | | Registration Number, if PAC | | |
| Street Address 5972 Little Brook Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43232 | M 0 | D 8 | Y 1 8 1 7 | Amount 300.00 | |
| Full Name of Contributor Debbie Dunlap | | | | | Registration Number, if PAC | | |
| Street Address 9140 McMahon Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Cash | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 0 | D 8 | Y 1 8 1 7 | Amount 50.00 | |
| Full Name of Contributor Friends of Kristin Bryant | | | | | Registration Number, if PAC | | |
| Street Address 4100 Regent St, Ste A | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43219 | M 0 | D 8 | Y 1 4 1 7 | Amount 175.00 | |
| Full Name of Contributor Reynoldsburg Educators PAC | | | | | Registration Number, if PAC | | |
| Street Address PO Box 884 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 1 | D 0 | Y 1 8 1 7 | Amount 300.00 | |
| 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 | |
| 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 825.00