



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Mack Quesenberry				
Full Name of Contributor Tina Morgan			Registration Number, if PAC	
Street Address 4456 Greystone Village Dr		Employer/Occupation/Labor Organization* UFCW 1059		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 08-21-2019	Amount 50.00
Full Name of Contributor David T. Donofrio			Registration Number, if PAC	
Street Address 298 Carilla Ln		Employer/Occupation/Labor Organization* Fire Dept. Prairie Township		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 07-08-2019	Amount 25.00
Full Name of Contributor Robert M. + Michelle W. Gaulke			Registration Number, if PAC	
Street Address 7358 David Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reyn. OH	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08-26-2019	Amount 50.00
Full Name of Contributor Robert Dunlap Deborah Dunlap			Registration Number, if PAC	
Street Address 940 McMahon Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reyn.	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09-26-2019	Amount 35.00
Full Name of Contributor Cara Hixenbaugh			Registration Number, if PAC	
Street Address 19169 St. Rt. 328		Employer/Occupation/Labor Organization* UFCW		Form (Cash, Check, etc.) Pay Pal
City New Plymouth	State OH	Zip Code 45654	Date (MM/DD/YYYY) 08-17-2019	Amount \$2500

*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)]