

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

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