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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Jeni Quesenberry								
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Jeniffer Quesenberry	····		М-	T-	γ			
Street Address	I .	Description of Item or Service		D	Y _	Fair Market Value		
949 Lancaster Ave		egal Services	0 5					
City	State	Zip Code	Receive	d at Fund	raising E			
Reynoldsburg		O H 43068 YES VNO						
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising E			
		4.		YES		NO		
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of l	tem or Service	М	D	Y	Fair Market Value		
City	State Zip Code		Receive	d at Fund	raising E	vent?		
				YES		∐ис		
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising E	vent? NO		
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registra	ation Num	ber, if P	AC		
Street Address	Description of	tem or Service	М	D	Y	Fair Market Value		
C't-	State	Zin Codo	Pagaira	d at Fund	raisina E	L		
City	State	Zip Code	Kecatte	YES	iaisiiig L	No		
7.11	F. 1 O	Talan Carantasian *	D a singu					
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registra	Registration Number, if PAC				
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	Received at Fundraising Event? YES NG				
Full Name of Contributor	Employer, Occ	pation, Labor Organization * Registration Number, if PAC						
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
,		1		YES		NG		
					_			

Page Total \$ ______100.00_

^{*} 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 appear. [R.C. 3517.10(B)(4)]