



# In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

Full Name of Committee <b>Friends of Mack Quesenberry</b>				
Full Name of Contributor <b>Jennifer Quesenberry</b>		Employer, Occupation, Labor Organization* <b>Admin/CCS</b>		Registration Number, if PAC
Street Address <b>949 Lancaster Ave</b>		Description of Item or Service <b>Food</b>		Date (MM/DD/YYYY) Fair Market Value <b>8/19/19 25.11</b>
City <b>Reyn.</b>		State <b>OH</b>	Zip Code <b>43068</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor <b>Jennifer Quesenberry</b>		Employer, Occupation, Labor Organization* <b>Admin/CCS</b>		Registration Number, if PAC
Street Address <b>949 Lancaster Ave</b>		Description of Item or Service <b>Food</b>		Date (MM/DD/YYYY) Fair Market Value <b>8/20/19 34.89</b>
City <b>Reyn</b>		State <b>OH</b>	Zip Code <b>43068</b>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor <b>Jennifer Quesenberry</b>		Employer, Occupation, Labor Organization* <b>Admin/CCS</b>		Registration Number, if PAC
Street Address <b>949 Lancaster Ave</b>		Description of Item or Service <b>Paper, ink</b>		Date (MM/DD/YYYY) Fair Market Value <b>7-25-19 103.83</b>
City <b>Reyn</b>		State <b>OH</b>	Zip Code <b>43068</b>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page Total \$ **163.83**