

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jeni Quesenberry						Registration Number, if PAC		
Full Name Jeniffer L Quesenberry						Registration Number, if PAC		
Address 949 Lancaster Ave		Type* L N		M D Y 1 1 0 2 1 7		Amount 315.00		
City Reynoldsburg		State O H		Zip Code 43068		Form(Cash,Check,etc) Check		
Full Name Jeniffer L Quesenberry						Registration Number, if PAC		
Address 949 Lancaster Ave		Type* L N		M D Y 1 2 0 5 1 7		Amount 446.13		
City Reynoldsburg		State O H		Zip Code 43068		Form(Cash,Check,etc) Check		
Full Name						Registration Number, if PAC		
Address		Type*		M D Y		Amount		
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M D Y		Amount		
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M D Y		Amount		
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M D Y		Amount		
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address		Type*		M D Y		Amount		
City		State		Zip Code		Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.