In-Kind Contributions Received

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Pag	e	 	

Prescribed by Secretary of State 03/05

Name of Committee in Full Will Petrik for Columbus				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Carol Whitmer	OH Assoc of Foodbanks/		1	
Street Address	Description of Item or Service		M D	Y Fair Market Value
2221 Myrtle Ave	Wine, Beer, Snacks		0 4 2 1	1 7 \$33.00
City	State	Zip Code	Received at Fur	ndraising Event?
Columbus	ОН	43211	1⊙ YES	O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
In Kind Contributions received at fundraising event				
Street Address	Description of Item or Service		M D Y Fair Market Value	
	Food, Paper Supplies, Beer		0 4 2 1 1 7 \$210.00	
City	Sta te	Zip Code	Received at Fu	ndraising Event?
	ОН		O YES	O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Iten	n or Service	M D	Y Fair Market Value
City	State	Zip Code	Received at Fur	ndraising Event?
	ОН		O YES	O NO
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration No	ımber, if PAC
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	State OH	Zip Code	1	ndraising Event?
 			O YES Registration No	O NO
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration N	unioer, ii FAC
6 411	Description of Item or Service		MD	Y Fair Market Value
Street Address				T an ividical value
Ch.	Sta te	Zip Code	Received at Fu	ndraising Event?
City	OH	in Code		
Full Name of Contributor	Employer, Occupation, Labor Organization*		O YES O NO Registration Number, if PAC	
Full Name of Contributor				
Street Address	Description of Item or Service		M D	Y Fair Market Value
Sirect / Mariess				
City	Sta te	Zip Code	Received at Fu	ndraising Event?
	OH		O YES	O NO
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration N	
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Sta te	Zip Code	Received at Fu	indraising Event?
	OH		OYES ONO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
			+,,-,-	18 TE-114 1 - 311 -
Street Address	Description of Item or Service		M D	Y Fair Market Value
			→	- Indian Fundo
City	State	Zip Code	Received at Fundraising Event?	
	OH		OYES _	O NO

Page Total \$243.00

^{*} 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)]