

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Will Petrik for Columbus			
Full Name of Contributor Carol Whitmer	Employer, Occupation, Labor Organization* OH Assoc of Foodbanks/		Registration Number, if PAC
Street Address 2221 Myrtle Ave	Description of Item or Service Wine, Beer, Snacks		M D Y Fair Market Value 0 4 2 1 1 7 \$33.00
City Columbus	State OH	Zip Code 43211	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor In Kind Contributions received at fundraising event	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service Food, Paper Supplies, Beer		M D Y Fair Market Value 0 4 2 1 1 7 \$210.00
City	State OH	Zip Code	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]