## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

W CO								
Friends of Ian Nickey								
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registra	ition Num	ber, if F	PAC		
Street Address FYahais Prv.	Description of Item	or Service (SCHWAYE)	N O	oa	1 5	Fair Market Value		
City BEXICU	OH	Zip Code 43209	Receive	d at Fund		Event?		
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registra	tion Num	_			
Street Address 707 FYANAS PVC.	Description of Item	or Service (SOFTWAY)	0 8	98	15	Fair Market Value		
city BCXICU	OH	Zip Code 43209	Received	d at Fund	raising l	Event? NO		
Full Name of Contributor  NYCLUM	Employer, Occupat	tion, Labor Organization*	Registra	tion Num	ber, if P	AC		
Street Address PY ANCIS PM.	Description of Item T-SNI	or Service YTS	0 <sub>M</sub> d	$\left  \mathcal{G}_{_{\mathrm{D}}} \right  \mathcal{S}$	Y	Fair Market Value		
Bex TU	OH	zip Code 43209	Received YES	d at Fundi S	٠	Event? NO		
Full Name of Contributor  NYCCUM	Employer, Occupat	tion, Labor Organization*	Registra	tion Num	ber, if P			
Street Address 7107 Francis Prv.	Description of Item WOOS	<u>itc                                    </u>	ଔ୕ଌ	ટ્રીઇ	15	Fair Market Value		
BUIU BUIU	OH	Zip Code	Received YES	d at Fundi S	Ň	Event? NO		
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registra	tion Num	ber, if P	AC		
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value		
City	Sta te	Zip Code	Received	d at Fundi	_	Event?		
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	Sta te	Zip Code	Received	d at Fundi	-	Event?		
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	Sta te	Zip Code	Received	d at Fundi		Event?		
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	Sta te	Zip Code	Received	d at Funds	_	Event? NO		

Page Total S 500

<sup>\*</sup> 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)]