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R	.C.	35	17	10

Page 1

In-Kind Contributions Received

Prescribed by Sccretary of State 3/05

Name of Committee in Full						
Friends of Zach Scott						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Tigran Safaryan	Fine Line Auto\Owner		registration runner, it is not			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
2555 Brice Rd	Event Food		1 0	2 2		500.00
City	State Zip Code		Received at Fundraising Event?			
Reynoldsburg	OH	43068		YES		Пио
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
City	State	Zip Code	Pagaissas	l ! i at Fundi	nisina Er	zont?
City	Jane	Zip Code		YES	atsing Ev	□NO
Full Name of Contributor	Employer Occurs	tion Labor Organization *	_		her if PA	
	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
		· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code		d at Fundi YES	aising Ev	/ent?
Full Name of Contributor	[rion I shor Ossonia di sa *	_		L. CDA	
Fun Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
	<u> </u>				ŀ	
City	State	Zip Code	Received	l at Fundi	raising Ev	
			<u> </u>	YES		No
Full Name of Contributor	Employer, Occupation, Labor Organization Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
				1		
City	State	Zip Code	Received	at Fund	raising Ev	/ent ⁹
	1			YES		□ио
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	vC
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
City	State	Zip Code	Received	at Fund	raising Ev	vent?
				YES		0
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
onet riddess	Description of Hem of Service		"			
City	State	Zip Code	Received	at Fund	raising Ev	/ent?
				YES	-	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
Addieso			1 "		l i	
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?
		-		YES	•	□ио

Page Total \$	500.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]