

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

11 FEB

Name of Committee in Full FRIENDS OF SANDRA KIPP				2013 DEC 16 PM 12:29	
Full Name of Contributor SANDRA KIPP		Employer, Occupation, Labor Organization* SELF-RETIRED		Registration Number, if PAC FR. NALIN COUNTY	
Street Address 1359 MULFORD ROAD		Description of Item or Service SIGNS - CARDS		BOAR OF ELECTIONS 10 09 13 70513	
City COLUMBUS		State OH	Zip Code 43212	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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Street Address		Description of Item or Service		M D Y Fair Market Value	
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Street Address		Description of Item or Service		M D Y Fair Market Value	
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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)]