

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Amy Harkins				
Full Name of Contributor Yes We Can	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 370 E Morrill Ave	Description of Item or Service printing literature	M: 1 D: 0 Y: 1	Fair Market Value 139.71	
City Columbus	State OH Zip Code 43207	Received at Fundraising Event? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Full Name of Contributor Yes We Can	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 370 E Morrill Ave	Description of Item or Service printing literature	M: 1 D: 1 Y: 0	Fair Market Value 251.67	
City Columbus	State OH Zip Code 43207	Received at Fundraising Event? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Full Name of Contributor Yes We Can	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 370 E Morrill Ave	Description of Item or Service Radio Advertisement	M: 1 D: 1 Y: 0	Fair Market Value 339.67	
City Columbus	State OH Zip Code 43207	Received at Fundraising Event? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Full Name of Contributor Will Petrik for Columbus	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 2221 Myrtle Ave	Description of Item or Service postage	M: 1 D: 0 Y: 2	Fair Market Value 4,284.62	
City Columbus	State OH Zip Code 43211	Received at Fundraising Event? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
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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? YES <input type="checkbox"/> NO <input type="checkbox"/>		

* 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)]