

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Don Cook			
Full Name of Contributor Don Cook	Employer, Occupation, Labor Organization* Retired		Registration Number, if PAC
Street Address 3209 Clime Rd.	Description of Item or Service labels		M D Y Fair Market Value 0 9 1 3 1 3 \$13.36
City Columbus	State OH	Zip Code 43223	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Don Cook	Employer, Occupation, Labor Organization* Retired		Registration Number, if PAC
Street Address 3209 Clime Rd.	Description of Item or Service plastic door hanger bags		M D Y Fair Market Value 0 8 2 2 1 3 \$21.00
City Columbus	State OH	Zip Code 43223	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Don Cook	Employer, Occupation, Labor Organization* Retired		Registration Number, if PAC
Street Address 3209 Clime Rd.	Description of Item or Service note pads		M D Y Fair Market Value 0 8 2 8 1 3 \$358.00
City Columbus	State OH	Zip Code 43223	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Don Cook	Employer, Occupation, Labor Organization* Retired		Registration Number, if PAC
Street Address 3209 Clime Rd.	Description of Item or Service filing fee		M D Y Fair Market Value 0 7 2 9 1 3 \$30.00
City Columbus	State OH	Zip Code 43223	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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)]