

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
SWARTZ FOR U.A.					
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Christopher A Swartz					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2896 Pickwick Dr	Petition Filing Fee	8	4	15	\$30
City	State	Zip Code	Received at Fundraising Event?		
Columbus	OH	43221	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Christopher A. Swartz					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2896 Pickwick Dr	Open house expenses	10	13	15	\$30
City	State	Zip Code	Received at Fundraising Event?		
Columbus	OH	43221	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Christopher A. Swartz					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2896 Pickwick Dr.	Brochure Printing	10	6	15	\$274.13
City	State	Zip Code	Received at Fundraising Event?		
Columbus	OH	43221	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Christopher A. Swartz					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
2896 Pickwick Dr.	1/2 payment yard signs	10	16	15	\$760. <sup>00</sup>
City	State	Zip Code	Received at Fundraising Event?		
COLUMBUS	OH	43221	<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		

\* 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)]