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## **In-Kind Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Christie Ward				
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Natalie Kogan	Nationwide / Sr. Cons.	,		
Street Address	Description of Item or Service	M D Y Fair Market Value		
267 E. Stewart Avenue	Food for fund raiser	0 9 0 3 1 5 \$76.58		
City	State Zip Code	Received at Fundraising Event?		
Columbus	OH 43206	<b>⊙</b> YES <b>○</b> 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?		
•	OH			
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?		
	OH I			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Pan Manie of Controllor	Employer, Occupation, Labor Organization	Registration Number, ICTAC		
Street Address	Description of Item or Service	M D Y Fair Market Value		
City	State Zip Code	Received at Fundraising Event?		
	OH	OYES O 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	Stalte Zip Code	Received at Fundraising Event?		
	OH I			
Full Name of Contributor	Employer, Occupation, Labor Organization*	YES O NO Registration Number, if PAC		
Fill Haite of Condition	Employer, Secupation, Euros Signification	A Samon Manuel, II I I C		
Street Address	Description of Item or Service	M D Y Fair Market Value		
City	Stalte Zip Code	Received at Fundraising Event?		
•	OH	O YES O 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		
ones, radicas	2500, p. 10.11 01 00, 100			
City	Stalte Zip Code	Received at Fundraising Event?		
	OH Zapeou			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
Fill Name of Condition	Employer, Occupation, Labor Organization	Registration Number, if FAC		
Street Address	Description of Item or Service	M D Y Fair Market Value		
City	Stal te Zip Code	Received at Fundraising Event?		
	OH <sub>.</sub>	OYES O NO		

Page Total \$76.58

<sup>\*</sup> 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)]