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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends For Porter Committee	Employee Cons	Franksis Occupation Value Occupation *		Registration Number, if PAC				
Full Name of Contributor	CDC		Registration Number, it FAC					
Christie Angel			М	D	Y	Fair Market Value		
Street Address	Description of Item or Service event deposit					164.00		
600 S. Grant	State Zip Code		0 6 0 2 0 5 164.00 Received at Fundraising Event?					
City	1	43206		YES		NO		
Columbus	OH 43206 Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization		Registration Number, if TAC				
Diane Lazor	Kegler Brown		M	D	ΙΥ	Fair Market Value		
Street Address	Description of Item or Service		$\begin{bmatrix} \mathbf{n} \\ 0 \end{bmatrix} 4$			57.00		
65 E State St		Banner			raising Ev			
City	State H	Zip Code 43215	Received	YES	naising L	✓NO		
Columbus			Pegietra		her if PA			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Chris Pettit	D	Attorney	M	D	ΙΥ	Fair Market Value		
Street Address	Description of It			2 1		I .		
66 Walcreek Drive West		d & Beverage						
City	State Zip Code			Received at Fundraising Event? VES NO				
Gahanna		O H 43230		Registration Number, if PAC				
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization * Registration Number			nder, ii PP			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	Iraising E	vent?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	draising E	vent?		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	} [YES	draising E	NO		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	ed at Fun	draising E	ivent?		

Page Total \$ 475.79

^{*} 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)]