

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends For Porter Committee			
Full Name of Contributor Christie Angel	Employer, Occupation, Labor Organization * SBC	Registration Number, if PAC	
Street Address 600 S. Grant	Description of Item or Service event deposit	M D Y 0 6 0 2 0 5	Fair Market Value 164.00
City Columbus	State Zip Code OH 43206	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Diane Lazor	Employer, Occupation, Labor Organization * Kegler Brown	Registration Number, if PAC	
Street Address 65 E State St	Description of Item or Service Banner	M D Y 0 4 2 7 0 5	Fair Market Value 57.00
City Columbus	State Zip Code OH 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Chris Pettit	Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC	
Street Address 66 Walcreek Drive West	Description of Item or Service Food & Beverage	M D Y 0 4 2 1 0 5	Fair Market Value 254.79
City Gahanna	State Zip Code OH 43230	Received at Fundraising Event? <input checked="" 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	
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
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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? <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 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)]