In-Kind Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Mark Ryan						
Full Name of Contributor	Employer Occupation Lab	or Organization*	Registrati	on Number, i	PAC	
Mark Ryan	Employer, Occupation, Labor Organization* Self		Registrati	on rvamoci, i		
Street Address	Description of Item or Service		M	D Y	Fair Market Value	
3700 Prestwould Close	Literature Print and Mail		10			
City	State Zip Co		1	at Fundraisin	g Event?	
New Albany	OH 4309		O YES) NO	
Full Name of Contributor	1	Employer, Occupation, Labor Organization*		on Number, i	FPAC	
Mark Ryan	self			5 1 10	Fair Market Value	
Street Address	Description of Item or Service		1 1 (2 1 1	\$423.86	
3700 Prestwould Close	automated calls	Stal te Zip Code) 2 1 1 at Fundraisin	•	
City	OH 430		1		_	
New Albany Full Name of Contributor	Employer, Occupation, Lab		O YES Registrati	on Number, i	O NO	
Mark Ryan	self		l l l l l l l l l l l l l l l l l l l			
Street Address	Description of Item or Service		M	D Y	Fair Market Value	
3700 Prestwould Close	postage		1 0 2 2 1 5 \$196.00			
City	State Zip Co		Received	at Fundraisin	g Event?	
New Albany	OH 430		O YES) NO	
Full Name of Contributor	Employer, Occupation, Lab	oor Organization*	Registrati	on Number, i	PAC	
Mark Ryan	Self Description of Item or Service		М	D Yi	Fair Market Value	
Street Address 3700 Prestwould Close			1 1 1	0 2 1		
	office supplies State Zip Co	nde		at Fundraisin	<u></u>	
City New Albany	OH 430		OYES		O NO	
Full Name of Contributor	Employer, Occupation, Lab	bor Organization*		ion Number, i	f PAC	
Mark Ryan	self	self				
Street Address	Description of Item or Service		1 0	DY	Fair Market Value	
3700 Prestwould Close		yard signs		<u> </u>	5 \$400.00	
City	Sta te Zip Co			at Fundraisin	_	
New Albany	OH _. 4309		OYES		⊙ NO	
Full Name of Contributor	Employer, Occupation, Lal	bor Organization*	Registrati	ion Number, i	TPAC	
Street Address	Description of Item or Serv	ice	M	D Y	Fair Market Value	
City	Sta te Zip Co	ode	Received	at Fundraisir	g Event?	
	OH _.		O YES		O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registrat	ion Number,	FPAC	
Street Address	Description of Item or Service		M	D Y	Fair Market Value	
City	State Zip Co	ode	Received	at Fundraisir	g Event?	
Full Name of Contributor	Employer, Occupation, La	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Serv	Description of Item or Service		D Y	Fair Market Value	
City	State Zip Co	ode	Received	l at Fundraisi	ig Event? 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)]