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In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full											
FRIENDS OF MARY TER	DR OW										
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registrat	Registration Number, if PAC							
Name of Committee in Full FRIENDS OF MARY TEE Full Name of Contributor MARY E TEOROW Street Address	CANDIDATE										
Street Address	Description of Item or Service		М	D	Y	Fair Market Value					
6269 LITHOPOLIS RD. POBOXIS	7 (ASH					Fair Market Value 8 1 3 7 8 · 0 3					
City	Sta te	Zip Code	Received	d at Fund	naising E	vent?					
GROVEPORT	State Zip Code 0 H 43/25		☐ YES #Û NO Registration Number, if PAC								
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC								
Street Address	Description of Item or Service		М	D .	Y	Fair Market Value					
City	Sta te Zip Code		Received at Fundraising Event?								
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC								
run rame of Communici	Employer, Occupation, Labor Organization		regulation runner, is the								
Street Address	Description of Item	or Service	M .	D _.	Y	Fair Market Value					
City	State	Zip Code	Received	at Fund	raising E	vent?					
			☐ YES								
Full Name of Contributor	Employer, Occupati	ion, Labor Organization*	Registra	tion Num	ber, if PA	AC .					
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value					
City	Sta to	Zip Code	Received	d at Fund	raising E						
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	Sta te	Zip Code .	Receive	d at Fund	raising E	vent?					
			☐ YES	s		NO					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value					
City	Sta tc	Zip Code	Received			vent? NO					
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*		tion Nun							
			<u> </u>								
Street Address	Description of Item or Service		М	D	Y ,	Fair Market Value					
City	Sta te Zip Code		Received at Fundraising Event? U YES U NO								
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value					
City	Sta te	Zip Code	Receive YE	d at Fund S	_	vent? NO					

Page Total \$ 4 3 7 8.03

^{*} 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)]