

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF MARY TEDROW			
Full Name of Contributor MARY E TEDROW	Employer, Occupation, Labor Organization* CANDIDATE	Registration Number, if PAC	
Street Address 6269 LITHOPOLIS RD, PO BOX 187	Description of Item or Service CASH	M 0	D 7
City GROVEPORT	State OH	Y 1	Fair Market Value 1378.03
Received at Fundraising Event?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
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
City	State	Y	Fair Market Value
Received at Fundraising Event?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
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 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)]