

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

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|--|--|---|--------------------------|---|
| Name of Committee in Full Friends of Schregardus | | | | |
| Full Name of Contributor Shannon Goode | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 372 E. Main Street | | Description of Item or Service hair styling for photo session | | M D Y Fair Market Value 0 2 1 2 1 7 \$60.00 |
| City Columbus | | State OH | Zip Code 43215 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor Joy Macke | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 1623 Clifton Ave. | | Description of Item or Service make up for photo session | | M D Y Fair Market Value 0 2 1 2 1 7 \$85.00 |
| City Columbus | | State OH | Zip Code 43203 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
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| 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 OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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)]