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## **In-Kind Contributions Received**

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full  FRIENDS OF SANDRA XIPP									
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registrat	ion Num	ber, if P	AC			
SANDRA KIPP	SELF- RETIRED								
Street Address 1359 MULFORD RD	Description of Item	CARDS	/M/	09	1/3	Fair Market Value 705.13			
Name of Committee in Full  FL/END 5 OF SANDRA  Full Name of Contributor  SANDRA KIPP  Street Address  L359 MULFORD RD  City  City  COWMBUS	Sta te	Zip Code 43212	Received YES		~	Event? 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	Sta te Zip Code		Received at Fundraising Event?						
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	Received	at Fund	raising l	Event?			
			☐ YES			NO			
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registrat	ion Num	ber, if P	AC			
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value			
City	Sta te	Zip Code	Received YES		_	Event?			
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registrat	ion Num	iber, if P	AC			
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value			
City	Sta te	Zip Code	Received	at Fund	raising	Event?			
			O YES	i		NO			
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registrat	ion Num	iber, if F	AC			
Street Address	Description of Item	or Service	М	Đ	Y	Fair Market Value			
City	Sta te	Zip Code	Received		_	Event?			
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registra	tion Nun	aber, if I	PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
City	Sta te	Zip Code	Received at Fundraising Event?  YES D 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	Received YES		_	Event?			

Page Total \$ 705.13

<sup>\*</sup> 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)]