31-J-1 R.C. 3517.10

## FOR PAPER FILING ONLY In-Kind Contributions Received



Prescribed by Secretary of State 03/05

		_						
Name of Committee in Full  WERTHER FOR WHITE HALL  Full Name of Contributor  Kelly SIDNER  Street Address  4039 RICKENBACKER AUC  ORIGINAL CANDY FOR PARAGE  OBJECTION OF THE STREET OF								
Full Name of Contributor  Kelly Sinke	Employer, Occupation, Labor Organization*			Registration Number, if PAC				
Street Address 4039 RICKENBACKER AUC	Description of Item or Service #5 WERTHICKS  OR 161NAC CANDY FOR PARA DE  State  Zip Code  43213			M 6 2 5 1 7 Fair Market Value 6 26.00				
City WHITE HOW	State Zip Code 43213			Received at Fundraising Event?  U YES  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			Event?	
Full Name of Contributor	Employer	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		_	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	Stz	te	Zip Code	Receive		draising l	Event? NO	
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Description	Description of Item or Service			D	Y	Fair Market Value	
City	Sta	Sta te Zip Code			Received at Fundraising Event?			
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Description	Description of Item or Service			D	Ý	Fair Market Value	
City	Sta	State Zip Code			Received at Fundraising Event?			
Full Name of Contributor	Employe	Registration Number, if PAC						
Street Address	Description	Description of Item or Service			D	Y	Fair Market Value	
City	Sta	Sta te Zip Code			Received at Fundraising Event?  YES NO			
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Description	Description of Item or Service			D	Y	Fair Market Value	
City	Sta	Sta te Zip Code			Received at Fundraising Event?  PYES NO			

Page Total \$ 26.00

<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)]