In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full				
Friends af John C. Alams				
Full Name of Contributor John C, AQAWS Street Address	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 2310 Dorset RQ	Description of Item or Service 18 Plain envelopes State Zip Code		M D Y Fair Market Value 0805 1 3 サル,00	
City Upper Arlington Full Name of Contributor	Stal te OH	Zip Code 43221	Received at Fu	undraising Event?
John C. Alams	· · · · · · · · · · · · · · · · · · ·	tion, Labor Organization*	Registration N	
Street Address 2310 Dorset RD	Description of Item or Service 18 St Awas (Postar)		M D Y Fair Market Value 8.46	
upper Arlington	State OH	Amps (Postage) Zip Gode 43221	Received at Fu	andraising Event?
Full Name of Contributor John C, Alans		tion, Labor Organization*		Jumber, if PAC
Street Address 2310 Dorset RQ	Description of Item	or Service	M D Y Fair Market Value F 172,54	
Upper Arlington Full Name of Contributor	State OH	ZShīrts Zip Code 43221	Received at Fu	andraising Event?
Full Name of Contributor Lisa Dyacco Street Address		tion, Labor Organization*		Sumber, if PAC
Street Address 3535 West Henderson PQ	Description of Item or Service Misc. Food / Drink/ Henter		M 092	9 1 3 Fair Market Value
Columbus	State OH	D/Drink/itente Zip Code 43220	Received at Fi	undraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item	ı or Service	M D	Y Fair Market Value
City	Stal te OH	Zip Code	Received at Fu	undraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item	ı or Service	M D	Y Fair Market Value
City	Star te OH	Zip Code	Received at Fu	undraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*			Number, if PAC
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Stal te OH	Zip Code	Received at Fundraising Event? OYES O 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 Fr	undraising Event? O NO

Page Total +\$0:00

^{*} 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)]