

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Olmstead for Trustee				
Full Name of Contributor David C. Olmstead		Employer, Occupation, Labor Organization * Candidate		Registration Number, if PAC
Street Address 6248 Kitzmiller Rd.		Description of Item or Service tri-fold brochures		M D Y Fair Market Value 1 0 1 8 0 9 168.24
City New Albany		State O H	Zip Code 43054	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor David C. Olmstead		Employer, Occupation, Labor Organization * Candidate		Registration Number, if PAC
Street Address 6248 Kitzmiller Rd.		Description of Item or Service tri-fold brochures		M D Y Fair Market Value 1 0 2 7 0 9 26.25
City New Albany		State O H	Zip Code 43054	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Citizens for Good Government		Employer, Occupation, Labor Organization * PAC		Registration Number, if PAC
Street Address 4904 Hampsted Square East		Description of Item or Service Mailing & Advertising		M D Y Fair Market Value 1 0 2 8 0 9 1,808.85
City New Albany		State O H	Zip Code 43054	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 Y Fair Market Value
City		State	Zip Code	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 Y Fair Market Value
City		State	Zip Code	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 Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
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City		State	Zip Code	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 Y Fair Market Value
City		State	Zip Code	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 the 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 appear. [R.C. 3517.10(B)(4)]