| 31. | ]-]     |
|-----|---------|
| R.C | 3517.10 |

## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

| MC/Latt85H File June Constitution Supplies if PAC |                                       |                    |   |          |                                |   |                   |  |  |
|---|---------------------------------------|--------------------|---|----------|--------------------------------|---|-------------------|--|--|
| N ne of Contributor                               |                                       | Employer, Occur    | Employer, Occupation, Labor Organization* |          |                                | Registration Number, if PAC               |                   |  |  |
| eet ddress  |                                       | Description of lte | Description of Item or Service            |          | D                              | Y   | Fair Market Value |  |  |
| ty  |                                       | Sta te             | 1 '                                       |          | Received at Fundraising Event? |   |                   |  |  |
|   |                                       |                    | OH  |          |                                | OYES O NO                                 |                   |  |  |
| N me of Contributor                               |                                       | Employer, Occu     | Employer, Occupation, Labor Organization* |          | Registration Number, if PAC    |   |                   |  |  |
| eet Address                                       |                                       | Description of It  | Description of Item or Service            |          | D                              | Y   | Fair Market Value |  |  |
| у   |                                       | Sta te             |   |          | Received at Fundraising Event? |   |                   |  |  |
|   | OH                                    | ,                  | OYE                                       | S        | (                              | ) NO                                      |                   |  |  |
| 1 ane of Contributor                              |                                       | Employer, Occu     | Employer, Occupation, Labor Organization* |          | Registration Number, if PAC    |   |                   |  |  |
| eei Address                                       |                                       | Description of It  | Description of Item or Service            |          | D                              | Y   | Fair Market Value |  |  |
| ity   | Sta te                                | State Zip Code     |   |          | Received at Fundraising Event? |   |                   |  |  |
|   | OH                                    |                    |   |          | OYES ONO                       |   |                   |  |  |
| III une of Contributor                            |                                       | Employer, Occi     | upation, Labor Organization*              |          | ation Number, if PAC           |   |                   |  |  |
| ee Address  |                                       | Description of I   | Description of Item or Service            |          | D                              | Y   | Fair Market Value |  |  |
| ly  |                                       | State              | Zip Code                                  | Receive  | ed at Fur                      | ndraising                                 | Event?            |  |  |
| ·   | OH                                    |                    |   |          | QYES O NO                      |   |                   |  |  |
| I ame of Contributor                              | <del></del>                           | Employer, Occ      | Employer, Occupation, Labor Organization* |          | Registration Number, if PAC    |   |                   |  |  |
| ec Address  |                                       | Description of I   | Description of Item or Service            |          | D                              | Y   | Fair Market Value |  |  |
| rity  | State                                 | Zip Code           | Receiv                                    | ed at Fu | ndraisin                       | g Event?                                  |                   |  |  |
| y   |                                       | ОН                 |   |          |                                | O YES O NO                                |                   |  |  |
| II lame of Contributor                            |                                       | Employer, Occ      | Employer, Occupation, Labor Organization* |          | Registration Number, if PAC    |   |                   |  |  |
| re: Address                                       |                                       | Description of     | Description of Item or Service            |          | D                              | Y   | Fair Market Value |  |  |
| ity   |                                       | Stal te<br>OH      | Zip Code                                  | Receiv   |                                |   | g Event?          |  |  |
| ull Jame of Contributor                           | · · · · · · · · · · · · · · · · · · · | Employer, Occ      | Employer, Occupation, Labor Organization* |          | Registration Number, of PAC    |   |                   |  |  |
| tre : Address                                     |                                       | Description of     | Description of Item or Service            |          | D                              | Y   | Fair Market Value |  |  |
| ity   |                                       | Sta <sub>te</sub>  | State Zip Code                            |          |                                | Received at Fundraising Event?  O YES  NO |                   |  |  |
| ull Name of Contributor                           |                                       | t t                | Employer, Occupation, Labor Organization* |          | Registration Number, if PAC    |   |                   |  |  |
| tre t Address                                     |                                       | Description of     | Description of Item or Service            |          | D                              | Y   | Fair Market Value |  |  |
| ir .  |                                       | Staj te            | Zip Code                                  | Recei    | ved at Fu                      | ındraisi                                  | og Event?         |  |  |
|   |                                       | OH                 | ОН  |          | OYES O NO                      |   |                   |  |  |

Page Total \$0.00

<sup>\*</sup> Exquired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the in-ividual'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 la or organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]