In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full			·
Kalinosky Fox Kids			
Full Name of Contributor	Employer, Occupation, Labor Orga	anization*	Registration Number, if PAC
Debra L. Kalinosky	<u>Selt</u>		
Street Address 12 Wiveliscombe	Description of Item or Service Literature - mai	and arint	1 0 2 V Fair Market Value 2,776,60
New Albany	State Zip Code	54	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Orga	enization*	YES NO Registration Number, if PAC
Debra L. Kalinosky	self		
12 Wiveliscombe	Description of Item or Service Literature pri	nt	103015285.
New Albany	State Zip Code	554	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Orga	_	Registration Number, if PAC
Debra L. Kalinosky	self		
Street Address	Description of Item or Service automated co	.11	M D Y Fair Market Value 95
New Albany	State Zip Code	54	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Orga	inization*	Registration Number, if PAC
Debra L. Kalinosky Street Address	Self Description of Item or Service		M D YI Fair Market Value
12 Wiveliscombe	lawn signs	>	0 9 2 6 1 5 318.60
New Albany	State Zip Code 430	54	Received at Fundraising Event? U YES UNO
F-N N	Employer, Occupation, Labor Orga		Registration Number, if PAC
Ohio Education Association Street Address	Ohio Education Description of Item or Service,	Association	M D Yi Fair Market Value
205 E. Broad Street Box 2550	Literature - mail.		1 2 16 15 2,034.47
Columbus	0 H 4301		Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Orga		☐ YES NO 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?
			□ YES □ NO
Full Name of Contributor	Employer, Occupation, Labor Orga	mization*	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?
Liuli Nama of Contributor	Employer Convention 1-1-1-0	noi-ntion *	☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Labor Orga	unization"	Registration Number, if PAC
Street Address	Description of Item or Service		M D NY: FateMarket Value
City	Sta te Zip Code		Received at Fundraising Event?

^{*} 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)]