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| F | C. | 35 | 17.1 | 10 |

In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full | · · | | | <u> </u> | |
|---------------------------------------|-----------------------------|---|-----------------------------|-----------------------------|--|
| Committee 4 Children | | | | | |
| Full Name of Contributor | Employer, Occupation, L. | abor Organization* | Registration Number, if PAC | | |
| Catering by Maryhaven | | | | | |
| Street Address | Description of Item or Ser | vice | M Q | Y Fair Market Value | |
| 1791 Alum Creek Drive | Box Lunches | I | | 8 1 B \$193.00 | |
| City | State Zip (| Code | | undraising Event? | |
| Columbus | OH 432 | 207 | O YES | O NO | |
| Full Name of Contributor | Employer, Occupation, L | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| | | | | | |
| Street Address | Description of Item or Ser | Description of Item or Service | | Y Fair Market Value | |
| City | State Zip C | Code | Received at F | undraising Event? | |
| | OH | | O YES | O NO | |
| Full Name of Contributor | Employer, Occupation, L. | Employer, Occupation, Labor Organization | | Registration Number, if PAC | |
| Street Address | Description of Item or Ser | vice | M D | Y Fair Market Value | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| City | State Zip C | Code | 1 | undraising Event? | |
| | | | YES | O NO | |
| Full Name of Contributor | Employer, Occupation, La | abor Organization* | Registration N | tumber, if PAC | |
| Street Address | Description of Item or Ser | | M D | Y Fair Market Value | |
| City | Stafte Zip C OH | ode | Received at Ft | indraising Event? | |
| Full Name of Contributor | Employer, Occupation, La | abor Organization* | Registration N | umber, if PAC | |
| Street Address | Description of Item or Serv | vice | M D | Y Fair Market Value | |
| City | Stal te Zip C | ode | Received at Fu | indraising Event? | |
| - | OH _. | | O YES | ONO | |
| Full Name of Contributor | Employer, Occupation, La | thor Organization* | Registration N | umber, if PAC | |
| Street Address | Description of Item or Serv | vice | M D | Y Fair Market Value | |
| City | Starte Zip C | ode | . Received at Fu | ndraising Event? | |
| • | OH _. | | O YES | О мо | |
| Full Name of Contributor | Employer, Occupation, La | bor Organization* | Registration N | umber, if PAC | |
| Street Address | Description of Item or Serv | Description of Item or Service | | Y Fair Market Value | |
| City | State Zip C | ode | Received at Fu | ndraising Event? | |
| | OH | | O YES | O NO | |
| Full Name of Contributor | Employer, Occupation, La | bor Organization* | Registration N | | |
| Street Address | Description of Item or Serv | rice | M D | Y Fair Market Value | |
| City | Stafte Zip Co | ode | Received at Fu | ndraising Event? | |

Page Total \$193.00

^{*} 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)]