

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Kalinosky For Kids			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Debra L. Kalinosky	self		
Street Address	Description of Item or Service	M	D Y Fair Market Value
12 Wiveliscombe	Literature Print Mail and	1	0 2 0 1 5 2776.00
City	State Zip Code	Received at Fundraising Event?	
New Albany	OH 43054	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Debra L. Kalinosky	self		
Street Address	Description of Item or Service	M	D Y Fair Market Value
12 Wiveliscombe	Literature Print	1	0 3 0 1 5 285.00
City	State Zip Code	Received at Fundraising Event?	
New Albany	OH 43054	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Debra L. Kalinosky	self		
Street Address	Description of Item or Service	M	D Y Fair Market Value
12 Wiveliscombe	automated call	1	1 0 2 1 5 265.95
City	State Zip Code	Received at Fundraising Event?	
New Albany	OH 43054	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Debra L. Kalinosky	self		
Street Address	Description of Item or Service	M	D Y Fair Market Value
12 Wiveliscombe	lawn signs	0	9 2 6 1 5 318.60
City	State Zip Code	Received at Fundraising Event?	
New Albany	OH 43054	<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	
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	
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	
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 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)]

\$3,645.55