In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Kalinosky For Kids		
Full Name of Contributor Debra L. Kalinosky	Employer, Occupation. Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service Hail and	M D Y Fair Market Value
12 Wiveliscombe	Literature Print	1020152776.00
New Albany	Sta te Zip Code 43054	Received at Fundraising Event? VNO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Debra L. Kalinosky	self	
Street Address 12 Wiveliscombe	Description of Item or Service Literature Print	M D Y Fair Marker Value
City New Albany	Sta te Zip Code OH 43054	Received at Fundraising Event?
Full Name of Contributor	1 -	Registration Number, if PAC
Debra L. Kalinosky	Employer, Occupation, Labor Organization*	Registration Number, IT PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
12 Wiveliscambe	State Zip Code	Received at Fundraising Event?
New Albany	OH 43054	U YES NO NO
Full Name of Contributor Debora L. Kalinosky	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
12 Wiveliscombe	lawn signs	092915318.00
City New Albany	off 43054	Received at Fundraising Event?
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	Sta te Zip Code	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*	☐ YES ☐ NO Registration Number, if PAC
Tan Name of Controllor	Employer, Occupanon, Labor Organization	regisuation number, it FAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
		30/
Street Address	Description of Item or Service	M D RATE Fall Marker Value C C C
City	Sta te Zip Code	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number if PAC I
Street Address	Description of Item or Service	M D CY Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
		□ YES □ 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)]