

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR TOM BAKER</b>			
Full Name of Contributor <b>LES CARRIER</b>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <b>4394 SHIRE CREEK COURT</b>	Description of Item or Service <b>POSTAGE STAMPS</b>	M   D   Y <b>0 4 2 4 1 7</b>	Fair Market Value <b>\$196.00</b>
City <b>HILLIARD</b>	State <b>OH</b>	Zip Code <b>43026</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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)]