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R.	C.	35	17.	10

In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full		-		
	1/200	11-1-1-1-1-1	notine levy	
Comm. Hos To Suffort Man	Employer Occupa	16720 / Oww 5/2	Registration Number, if PAC	
i la	IDFF			
WASHINGTON TOWNSHIP TATES	Description of Item		M D Y Fair Market Value	
Street Address 7-23		ring Costs	M D Y Fair Market Value 3855.	
10 DOY 1033	Sta te	Trin Code	Received at Fundraising Event?	
CIB	04	43017	_	
DuBun	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Full Name of Contributor	Employer, Occupa	mon, Easor Organization	registation / Assistat, 11710	
	FL. Samina		M D Y Fair Market Value	
Street Address	Description of Item or Service			
		To: O. I.	Received at Fundraising Event?	
City	Sta te	Zip Code	Received at Fundraising Events	
	<u> </u>		☐ YES ☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item	n or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
			□ YES □ NO	
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item	n 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 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?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC	
Tall Name of Communication	1			
Street Address	Description of Iter	m or Service	M D Y Fair Market Value	
Sireer Address				
City	Sta te	Zip Code	Received at Fundraising Event?	
Cirk			☐ YES ☐ NO	
Full Name of Contributor	Employer Occur	nation, Labor Organization*	Registration Number, if PAC	
run Name of Commonton	inployer, occup	ALION DATE OF		
Street Address	Description of Ite	m or Service	M D Y Fair Market Value	
Street Address	Description of he	at of octave		
	Sta te	Zip Code	Received at Fundraising Event?	
City	Sia ie	zap c.ode		
E 11 N = 2 C = 2 - 1	Employee Occur	pation, Labor Organization*	☐ YES ☐ NO Registration Number, if PAC	
Full Name of Contributor	Chaptoyer, Ocen	раноп, пасот отранизацоп		
	Description of Item or Service		M D Yi Fair Market Value	
Street Address	Description of Ite	an or service		
		71- Code	Received at Fundraising Event?	
City	Sta te	Zip Code		
			□ YES □ NO	

Page Total S 3855.

^{*} 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)]