 Page

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full ACVED FOR HIDGE COMMITTEE				•
ACKER FOR JUDGE COMMITTEE Full Name of Contributor	E 1 0		In the second	1. CERLO
	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Franklin County Democratic Party			<u> </u>	,
Street Address	Description of Item or Service		M D	Y Fair Market Value
271 E. State St.	Campaign Staff		0 7 2 8	1 0 750.00
City	State Zip Code		Received at Fundraising Event?	
Columbus	O H	43215	☐ YES	☑ NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Num	iber, if PAC
Franklin County Democratic Party				
Street Address	Description of Item or Service		м р	Y Fair Market Value
271 E. State St.	Campaign Staff		018 310	1 0 1,100.00
City	State Zip Code		Received at Fund	
Columbus	O H	43215	☐ YES	I NO
Full Name of Contributor	Employer, Occupation, Labor Organization *			
	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC	
Franklin County Democratic Party				
Street Address	Description of Item or Service		M D	Y Fair Market Value
271 E. State St.	Media		0 9 2 3	
City	State	Zip Code	Received at Fund	raising Event?
Columbus	O H	43215	YES	☑ NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Num	iber, if PAC
Franklin County Democratic Party			1	
Street Address	Description of Item or Service		M D	Y Fair Market Value
271 E. State St.	Campaign Staff			1 0 1,100.00
City City	State Zip Code		Received at Fund	
Columbus	O H	43215	☐ YES	Mo No
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
I di Nane of Conditionos	Employer, Occupation, Labor Organization		Registration Number, if FAC	
Street Address	Description of Item or Service		M D	Y Fair Market Value
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C.	g	la a i		
City	State	Zip Code	Received at Fund	
	!	1,	☐ 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
			1 1	1
City	State	Zip Code	Received at Fund	raising Event?
	1 1		☐ YES	□ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
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Street Address	Description of Item or Service		M D	Y Fair Market Value
3.000,7,10,22,00				T I I I I I I I I I I I I I I I I I I I
City	State	7:- Codo	Received at Fund	
cny	State	Zip Code	I —	
Full Name of Contributor		<u> </u>		□ NO
ruii Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
				1
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	State	Zip Code	Received at Fund	raising Event?
			☐ YES	🗌 ио

[•] Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]