| 31-J-1    |    |
|-----------|----|
| P.C. 3517 | 10 |

## **In-Kind Contributions Received**

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| Page | <u> </u> |

Prescribed by Secretary of State 03/05

| Name of Committee in Full      |                                   |  |  |
|--------------------------------|-----------------------------------|--|--|
| Carpenters Local Union 200 PCE |                                   |  |  |
| Full Name of Contributor       | Employer, Occupation, Labor Orga  | nization* Registration Number, if PAC                                  |  |
| Street Address                 | Description of Item or Service    | M D Y Fair Market Value  |  |
| City                           | Stal te Zip Code                  | Received at Fundraising Event?   |  |
|                                |                                   | O YES O NO   |  |
| Full Name of Contributor       | Employer, Occupation, Labor Orga  | 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 OH                 | Received at Fundraising Event?  OYES  O NO                             |  |
| Full Name of Contributor       | Employer, Occupation, Labor Orga  |  |  |
| Street Address                 | Description of Item or Service    | M D Y Fair Market Value  |  |
| City                           | State Zip Code OH                 | Received at Fundraising Event?  OYES  NO  NO                           |  |
| Full Name of Contributor       | Employer, Occupation, Labor Orga  |  |  |
| Street Address                 | Description of Item or Service    | M D Y Fair Market Value  |  |
| City                           | State Zip Code OH                 | Received at Fundraising Event?  OYES  NO                               |  |
| Full Name of Contributor       | Employer, Occupation, Labor Organ |  |  |
| Street Address                 | Description of Item or Service    | M D Y Fair Market Value  |  |
| City                           | State Zip Code OH                 | Received at Fundraising Event?  OYES  O NO                             |  |
| Fuil Name of Contributor       | Employer, Occupation, Labor Organ |  |  |
| Street Address                 | Description of Item or Service    | M D Y Fair Market Value  |  |
| City                           | Sta te OH                         | Received at Fundraising Event?  O YES  NO                              |  |
| Full Name of Contributor       | Employer, Occupation, Labor Orga  |  |  |
| Street Address                 | Description of Item or Service    | M D Y Fair Market Value  |  |
| City                           | Sta te Zip Code                   | Received at Fundraising Event?  O YES  O NO                            |  |
| Full Name of Contributor       | Employer, Occupation, Labor Organ | nization* Registration Number, if PAC                                  |  |
| Street Address                 | Description of Item or Service    | M D Y Fair Market Value  |  |
| City                           | Stal te Zip Code OH               | Received at Fundraising Event?  OYES  NO                               |  |

Page Total \$0.00

<sup>\*</sup> 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)]