Page _	1

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Bonnie Michael	In		In ·				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Kathy Hamer				,			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
160 Longfellow			1 0 0 9 1 1 63.35				
City	State Zip Code		Received at Fundraising Event?				
Worthington	O   H	✓ 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				
City	State	Zip Code	Receive	d at Func	Iraising E	event?	
•	1 1	, i	F	YES	v	NO	
Full Name of Contributor	Employer Occur	ation, Labor Organization *	Registra		ber, if P.		
Tan Palace of Communication	isminoyer, octup	ishiptoyer, occupation, Easor Organization					
Street Address	Description of Ite	nn or Service	М	D	Y	Fair Market Value	
				1			
City	State	Zip Code	Receive	d at Fund	traising E	vent?	
				YES		NO	
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registra	tion Nun	iber, if P.	AC AC	
Street Address	Description of Ite	m or Service	М	D	Ϋ́	Fair Market Value	•
onev ridaes.	Description of its	an or our nec	''i	Ĭ	Ι'n		
City	State	Zip Code	Pacaira	d at Enge	Braising E	inout?	
City	) Jane	is in code	I COCK	YES	, a, a, a, a, a	NO	
T HALL CO A TA A	ļ		D a siasas	•	ber, if P.	Care.	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registia	aton isuu	iber, it r	ΛC	
Street Address	Description of Item or Service		М	D	Ιγ	Fair Market Value	
Street Address			1 1	lί	l i	Tall Walker Value	
C'.	State	Zip Code	Di	<u> </u>	Iraising E	1	
City	State	Zip Code	Keceive	7	naising t		
	1 , ,		<u> </u>	YES	1 101	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	ΙΥ	Fair Market Value	
Street Address			1 1	1 7	<b>\</b> ' <sub>1</sub>	ran Market Value	
C.	C	7: 0 1	10	1 . 4 12			
City	State	Zip Code	Receive	1	traising E		
			4	YES		∐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
	In the case of		<b>—</b>				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive		traising E		
				YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Nun	nber, if P	AC	
				,			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	Iraising I		
				YES		NO	

<sup>\*</sup> 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)]