

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Comm, Hee to E	Elect Pat Mahaffey					
Full Name of Contributor Vais Stort2		tion, Labor Organization*	Registra	ition Num	her, if I	PAC
Full Name of Committee in Full Committee in Full Full Name of Contributor Vaig Stort 12 Street Address The Committee in Full City Street Address City City	Description of Item Cam Pa Sta te O (+-	or Service	M	1 5 D	; Y 1	Fair Market Value
City Dic Kerington	Sta te	Zip Code 43 147	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? PYES DO NO			
Full Name of Contributor	Employer, Occupat	tion, 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	d at Fund	_	Event? NO
Full Name of Contributor	Employer, Occupat	tion, 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	d at Fund	_	Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?			
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Number, if PAC			
Street Address	Description of Item or Service		Mi	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	Received at Fundraising Event? ☐ YES ☐ NO				
Full Name of Contributor	Employer, Occupat	Registration Number, if PAC				
Street Address	Description of Item or Service		M D Y Fair Market Value			
City	Sta te	Zip Code	Received YES	d at Fund	-	Event? NO

Page Total \$ 185. -

^{*} 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)]