

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full C. Martin for Reynoldsburg School Board				
Full Name of Contributor Charles K. Martin III	Employer, Occupation, Labor Organization * Director of Sales	Registration Number, if PAC n/a		
Street Address 578 Brightstone Drive	Description of Item or Service Campaign Yard Signs	M 1	D 1	Fair Market Value 514.00
City Reynoldsburg	State OH	Y 0	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Zip Code 43068				
Full Name of Contributor Chip Martin	Employer, Occupation, Labor Organization * Director of Sales	Registration Number, if PAC n/a		
Street Address 578 Brightstone Drive	Description of Item or Service Campaign Literature	M 1	D 2	Fair Market Value 509.30
City Reynoldsburg	State OH	Y 0	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Zip Code 43068				
Full Name of Contributor Chip Martin	Employer, Occupation, Labor Organization * Director of Sales	Registration Number, if PAC n/a		
Street Address 578 Brightstone Drive	Description of Item or Service Photograph for Literature	M 0	D 2	Fair Market Value 45.00
City Reynoldsburg	State OH	Y 4	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Zip Code 43068				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
Zip Code	<input type="checkbox"/> YES <input type="checkbox"/> NO			

* 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)]