Page

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

			00000000000000000000000000000000000000	toimyakerikkosimikkok	SACIONANIA MANGRAMA		
Name of Committee in Full							
Committee to Elect Evers							
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Thomas Evers	- - 						
Street Address	Description of Item or	Description of Item or Service		D	Y	Fair Market Value	
		Campaign Filing Fee		0 3	ı	45.00	
407 Whitley Drive						·	
City		Code	Received		raising E	process 5	
Gahanna	<u> </u>	43230	***************************************	YES		✓NO	
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or	Description of Item or Service		D 	Y	Fair Market Value	
City	State Zip	Code	Received	at Fund YES	raising E	ivent?	
Full Name of Contributor	Employer, Occupation	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	Received	at Fund YES	raising E		
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Street Address	Description of Item or	Service	М	D 	Y	Fair Market Value	
City	State Zip	Code	Received	at Fund YES	Iraising E	Event?	
Full Name of Contributor	Employer, Occupation	, Labor Organization *	Registrat	ion Nun	nber, if P	AC	
Street Address	Description of Item or	Service	М	D 	Y	Fair Market Value	
City	State Zip	Code	Received	at Func YES	Iraising I	Event?	
Full Name of Contributor	Employer, Occupation	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	Received	at Func YES	Iraising F	Event?	
Full Name of Contributor	Employer, Occupation	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	Received	l at Fund YES	lraising I	Event?	
Full Name of Contributor	Employer, Occupation	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	Received	l at Fund YES	draising l	Event?	

Page Total \$	45.00
---------------	-------

<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)]