In-Kind Contributions Received



Prescribed by Secretary of State 03/05

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Name of Committee in Full ON THE FOR ALBOICALT						
Full Name of Contributor	Employer, Occupa	Registration Number, if PAC				
Krista lestres						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
4094Rimontescin	website services		07	0	01	3607
City	State Zip Code		Received at Fundraising Event?			
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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			Received at Fundraising Event?		
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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	Stal te OH	Zip Code	Receive		draising E	ivent?

Page Total

^{*} 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)]