31-	J-1	
RC	3517	10

In-Kind Contributions Received

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Page	<u>. </u>

Prescribed by Secretary of State 03/05

Name of Committee in Full		
Carpenters Local Union 200 PCE		
Full Name of Contributor	Employer, Occupation, Labor Organization	n* Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
	Description of item of service	A Pau Market Value
City	State Zip Code	Received at Fundraising Event?
	! OH	OYES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
		12
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	l oh	Oyes O NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
	Employer, occupation, Euror organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
Cîty	State Zip Code	Received at Fundraising Event?
•	l OH	O 110
Full Name of Contributor	Employer, Occupation, Labor Organization	The state of the s
Tan Name of Conditional	Employer, occupation, Euron Organization	registration Number, it me
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
1	OH	OYES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
•	OH	
Full Name of Contributor	Employer, Occupation, Labor Organization	O YES O NO Registration Number, if PAC
Tul Name of Communicor	Employer, Occupation, Labor Organization	regulation Nation, it FAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	OH	Oyes O NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
•	l oh l	OYES O NO
		101tb 0 NO.

Page Total \$0.00

^{*} 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)]