31-J-1	
R.C. 3517.1	0

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full  The Committee For A Better Cli	inton Township		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Ioseph M. Wing	Employer, Occupation, Easter Organization	registration Number, it FAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
3863 Walford St	ink, card stock, labels	1 1 0 8 1 6 340.30	
City	State Zip Code	Received at Fundraising Event?	
Columbus	O   H   43224	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	State 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	State 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	State 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	State 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	State 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	State 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	State Zip Code	Received at Fundraising Event?  YES NO	

Page Total \$ 340.30

<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)]