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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		_	_					
DREES FOR UA SCHOOLS								
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
NANCY DREES								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
3781 CRISWELL DR	COPIES		1019	018	1115		56.08	
City	State	Zip Code			raising E			
COLUMBUS	lo I H			YES		√ мо		
Full Name of Contributor		ipation. Labor Organization *			ber, if PA	<u>. – – – </u>		
NANCY DREES		-						
Street Address	Description of Item or Service		М	D	ΙΥ	Fair Market Value		
3781 CRISWELL DR		GO DADDY DOMAIN		218			18.34	
City	State	Zip Code			raising Ev	vent?	10.01	
COLUMBUS	$O \mid H$	1 -	1 -	YES	φ.	NO		
Full Name of Contributor		ipation. Labor Organization *	Registra		ber, if PA	_=		
NANCY DREES								
Street Address	Description of I	tem or Service	M	T D	Y	Fair Market Value		
3781 CRISWELL DR		-EXEC MAIL SOLN	1	1/4		1	250.15	
City	State	Zip Code			raising E		230,13	
COLUMBUS	O H		I Keccive	YES	ilaisiig i	Vent? NO		
Full Name of Contributor		ipation, Labor Organization *	Dovietro		ber, if PA			
	Employer, Occi	рацон, таоог Отданілацов	Registra	.iion iyum	iber, ii r	AC .		
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value		
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
City	State	Zip Code	Receive	-	raising E			
				YES		∐NO		
Full Name of Contributor	Employer, Occu	ipation, Labor Organization *	Registra	tion Num	ber, if PA	rC .		
Street Address	Description of Item or Service		M	D	I Y	Fair Market Value		
once radica.	Description of t	ICIII OI BEIVICE	141	"	\ '_	Pan Marker value		
City	State	Zip Code	Dagging	d at Fund	raising Ev	49	·	
City	Jiaic	Zip Code	Receive	a at Fund YES	raising E	vent?		
Full Name of Contributor	Employee Oug	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
rut Name of Controllor	Employer, Occi	ipation, Labor Organization	Kegisira	tion ivum	iber, it PA	iC .		
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value		
	'			₁	1			
City	State	Zip Code	Receive	d at Fund	raising Ev	zent ⁹		
		Zip couc	1.000.70	YES	taising 1.	NO NO		
Full Name of Contributor	Employer Occu	pation, Labor Organization *	Pagietra		ber, if PA			
The Paris of Continued	Employer, Ocea	ipation, capor Organization	wegista.	HOIL INGIN	юсі, п і г			
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value		
	,			1 1				
City	State	Zip Code	Receive	d at Fund	raising Ev	Jent ⁹		
				YES		NO		
Full Name of Contributor	Employer, Occi	ipation, Labor Organization *	Registra	tion Num	ber, if PA	vC		
			<u> </u>					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Dagaiya	of Fund	raising Ev	2		
City	State	zip code	. –	YES	taising C			
<u></u>			I '	1169		L NO		

Page Total S	324.57
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^{*} 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)]