

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Coleman for Columbus				
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 271 E State St		Description of Item or Service Newspaper Ad		M D Y Fair Market Value 1 0 2 3 0 7 375.00
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 271 E State St		Description of Item or Service Phone Calls		M D Y Fair Market Value 1 1 1 3 0 7 5,230.25
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Susan Tomasky		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 90 Ashbourne Rd.		Description of Item or Service Catering		M D Y Fair Market Value 0 8 2 1 0 7 256.25
City Bexley		State O H	Zip Code 43209	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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)]