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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			<u> </u>						
Citizens for Uttley							<u></u>		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
John W. Uttley, III									
Street Address	Description of Item or Service			М	D	Y	Fair Market Value		
5336 Wakefield Drive	Campaign advertising			1 1	0 5		960.00		
City	State		p Code	Received at Fundraising Event?					
<u> Hilliard</u>	$\Omega$		<u>4</u> 3026		YES		√N0		
Full Name of Contributor	Employer, Occ	Registration Number, if PAC							
John W. Uttley, III		M D Y Fair Market Value							
Street Address		Description of Item or Service			D	Y	Fair Market Value		
5336 Wakefield Drive		Campaign advertising			0 5		200.00		
City	State				Received at Fundraising Event?				
Hilliard	$\circ$		43026	لــا_ــــــــــــــــــــــــــــــــــ	YES		√N0		
Full Name of Contributor	Employer, Oce	Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address	Description of	Description of Item or Service			D	Y	Fair Market Value		
City	State	Zi	p Code	Received		aising Ev	Francis .		
					YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC						C		
Street Address	Description of Item or Service			M	D	Y	Fair Market Value		
			- 1	1			L		
City	State	Zıj	p Code	Received		raising Ev	(		
7 13 2 60 7 7 7				YES NO					
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		
				1					
City	State	Zi	p Code	Received	at Fundi	aising Ev	rent?		
		$\perp$			YES		NO		
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		
					l	1	1		
City	State	Zi	p Code	Received	at Fundi	raising Ev	ent?		
					YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
	<del></del>			<del>                                     </del>			T=		
Street Address	Description of Item or Service			M	D 	Y	Fair Market Value		
City	State	Zi	ip Code	Received	l at Fundi	raising Ev	/ent?		
		'	<b>P</b> 00		YES		NO		
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	State	Zi	ip Code	Received	at Fund	raising Ev			
<u> </u>		- 1			YES		□NO		

<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)]