## **In-Kind Contributions Received**

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Page		

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Name of Committee in Full  Kant For (ouncil  Employer, Occupation, Labor Organization*  Registration Number, if PAC  Employer, Occupation, Labor Organization*  Registration Number, if PAC  Street Address  Occupation of Item passervice  3000 to stear of 0 9 9 1 4 153.31  City  City  Cara Committee in Full  State  Zip Code  OH  U378  PES  No  Full Name of Contributor  Employer, Occupation, Labor Organization*  Registration Number, if PAC							
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC			PAC			
Ray Lewis Kault	Tooller	Fr. Finance					
Street Address	Description of Item	poservice Postearas	0 9	000	11.	Fair Market Value	
City	Sta te	Zip Code 43230	Received at Fundraising Event?				
hahanna	OH 43230			□ YES 🔼 NO			
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Description of Item or Service		NE	D	Ĭ	Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?				
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Number, if PAC				
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Street Address	Description of Item	or Service	M D Y Fair Market Value				
City	Sta te	Zip Code	Received		_		
Full Name of Contributor	Employer Occurs	tion, Labor Organization*				NO	
Puli Name of Contributor	Employer, Occupat	non, Labor Organization	abor Organization* Registration Number, if PAC				
Street Address	Description of Item	tion of Item or Service		D	Y	Fair Market Value	
City	Sta te	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	ľ	Fair Market Value	
City	Sta te	Zip Code	Receive		_		
5 NN 60 - 3 -	Employer Occupation Labor Densaisation*		☐ YES · ☐ NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item or Service		Me	D	Y	Fair Market Value	
City	Sta te Zip Code		Received at Fundraising Event?				
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?						
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<sup>\*</sup> 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)]