## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Uttley			·
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
John W. Uttley, III			·
Street Address	Description of Item or Service		M D Y Fair Market Value
5336 Wakefield Drive	Petition filing fee		0 1 1 1 7 \$45.00
City	Sta te	Zip Code	Received at Fundraising Event?
Hilliard	OH,	43026	YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
John W. Uttley, III			
Street Address	Description of Item or Service		M D Y Fair Market Value
5336 Wakefield Drive	Campaign stickers		0 3 0 9 1 7 \$54.14
City	Sta te	Zip Code	Received at Fundraising Event?
Hilliard	OH_	43026	YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
John W. Uttley, III			
Street Address	Description of It		M D Y Fair Market Value
5336 Wakefield Drive	Campaign		0 4 0 7 1 7 \$312.00
City	Sta te	Zip Code	Received at Fundraising Event?
Hilliard	OH	43026	YES O NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Number, if PAC
Street Address	Description of It	em or Service	M D Y Fair Market Value
City	Stal te OH	Zip Code	Received at Fundraising Event?
5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ipation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor	Employer, Occi	ipation, Labor Organization	Registration Number, if FAC
Street Address	Description of Item or Service		M D Y Fair Market Value
isheet Audiess	Description of R	em or service	I all Market value
City	Stal te	Zip Code	Received at Fundraising Event?
City	OH	Zap Code	1
Full Name of Contributor		pation, Labor Organization*	Registration Number, if PAC
Tail Name of Contributor	Employer, cock	pation, baser organization	registration realized, is the
Street Address	Description of It	tem or Service	M D Y Fair Market Value
	2 stanpus as a		
City	State	Zip Code	Received at Fundraising Event?
<b>3.10</b>	OH		
Full Name of Contributor	i	upation, Labor Organization*	O YES O NO Registration Number, if PAC
Street Address	Description of It	tem or Service	M D Y Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?
	ОН		OYES ONO
Full Name of Contributor	Employer, Occi	upation, Labor Organization*	Registration Number, if PAC
<u> </u>			
Street Address	Description of Item or Service		M D Y Fair Market Value
·			
City	Sta te	Zip Code	Received at Fundraising Event?
1	OH		OYES O NO

Page Total \$411.14

<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)]