## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children					
Full Name of Contributor Roosters	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Service		M D	Y Fair Market Value	
1650 Stringtown Road	Roosters Pack		0 8 2 2	1 4 \$40.00	
City	Sta'te Zip Code		Received at Fun	i, t, i ,	
Grove City	1 1	3123	·	_	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
J'Liu					
Street Address	Description of Item or Service		M D	Y Fair Market Value	
6880 N High Street	Gift card		0 8 2 2	1 4 \$50.00	
City		p Code	Received at Fund	draising Event?	
Worthington	OH 4	3085	<b>⊙</b> yes	O so	
Full Name of Contributor	Employer, Occupation	, Labor Organization*	Registration Num		
	•			•	
Street Address	Description of Item or	Service	M D	Y Fair Market Value	
City		p Code	Received at Fun	draising Event?	
	OH_		Q YES	O v0	
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	Staj te Zi	p Code	Received at Fun	draising 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		p Code	Received at Fun	draising Event?	
	OH		O YES	O ×0	
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		p Code	Received at Fun	draising Event?	
	OH		O YES	O 80	
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 OH		Received at Fundraising Event?  O YES  O NO		
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Nu	mber, if PAC	
Street Address .	Description of Item or Service		M D	Y Fair Market Value	
City	)	p Code	Received at Fun	draising Event?	
	OH <sub>.</sub>		OYES	O vo	

Page Total \$90.00

<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)]