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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·				
Full Name of Contributor	Employer Occur	nation Labor Organization *	Dagistration Number	- icoso		
David R. Specht	Employer, Ocea	Employer, Occupation, Labor Organization •		Registration Number, if PAC		
Street Address	Description of It	Description of Item or Service		Y Fair Market Value		
5550 Schrock Road		In-Kind Contributions				
City	State					
Columbus	OH L	43209	YES	NO NO		
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC		
		parion, caroli organization	registration (varioes	, 11110		
Street Address	Description of Ite	em or Service	M D	Y Fair Market Value		
City	State	Zip Code	Received at Fundrais	sing Event?		
	i	•	YES	□NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Ite	on or Service	M D	Y Fair Market Value		
City	State	Zip Code	Received at Fundrais	sing Event?		
			YES	□NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * Registration Number, if PAC				
Street Address	Description of Ite	an or Service	M D	Y Fair Market Value		
City	State	Zip Code	Received at Fundrais	· _		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address						
	Description of Ite	m or Service	M D	Y Fair Market Value		
City	State	Zip Code	Received at Fundrais	·		
			YES			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number,	if PAC		
Street Address	Description of Iter	m or Service	M D	Y Fair Market Value		
City	State	Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registration Number,			
Street Address	Description of Iter	Description of Item or Service		Y Fair Market Value		
City	State	Zip Code	Received at Fundraisi	ng Event?		
· 		,	YES	NO		
Full Name of Contributor	Employer, Occupa	ntion, Labor Organization *	Registration Number,	if PAC		
Street Address	Description of Item	n or Service	M D	Y Fair Market Value		
City	State	Zip Code	Received at Fundraisin	ng Event?		

Page Total \$	0.00

^{*} 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)]