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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3:05

Name of Committee in Full Safety First									
Full Name of Contributor	[F		In .						
Martin Control Systems	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service			Y	Fair Market Value			
5955 Wilcox Place	Pos	Postcard/mailing		0 9 1 0 1 4  510.00					
City	State	State Zip Code		Received at Fundraising Event?					
Dublin	OH I	43016		YES		✓No			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund	Iraising E	vent?			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value			
City	State	State Zip Code		d at Fund	traising E	vent?			
				YES		□NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *				Registration Number, if PAC			
Street Address	Description of Is	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	Iraising E	vent <sup>9</sup> NO			
Full Name of Contributor	Employer, Occu	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	Receive	d at Fund YES	traising E	vent?			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Service		M	D 	Ϋ́	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	lraising E	ivent?			
Full Name of Contributor	Employer, Occu	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, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fun	draising E	Event?			

Page Total \$ 510.00

<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)]