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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

<u> </u>		
Name of Committee in Full		
Friends of Jim Reese		In the start of the start of
Full Name of Contributor	Employer, Occupation, Labor Organization •	Registration Number, if PAC
Chris Cooper		
Street Address	Description of Item or Service	M D Y Fair Market Value
3055 Cleveland Ave	Printing	0 6 1 5 1 6 176.00
City	State Zip Code	Received at Fundraising Event?
Columbus	O H 43224	YES ✓ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Crvsta Pennington		
Street Address	Description of Item or Service	M D Y Fair Market Value
3055 Cleveland Ave	Event Ticket	0 6 1 7 1 6 20.00
City	State Zip Code	Received at Fundraising Event?
Columbus	O H 43224	☐ YES ☑NG
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
	2 222 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
City	State Zip Code	Received at Fundraising Event?
City	State Production	YES NO
Full Name of Containing	Employer, Occupation, Labor Organization	
Full Name of Contributor	Employer, Occupation, Labor Organization	
Carra Addings	Description of learn or Service	M D Y Fair Market Value
Street Address	Description of Item or Service	
	91. 12. 0.2	Received at Fundraising Event?
City	State Zip Code	YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
		M D V Entrador Veter
Street Address	Description of Item or Service	M D Y Fair Market Value
<u> </u>		
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 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
	<u> </u>	
Street Address	Description of Item or Service	M D Y Fair Market Value
	1	
City	State Zip Code	Received at Fundraising Event?
J.,		YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
1 GH PAINE OF CONGIOUOT	Employer, Occupation, Lator Organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
Street Address	Description of nem of service	
Chr	State Zip Code	Received at Fundraising Event?
City	State 121p Code	YES NO

Page Total \$ ____196.00_

^{*} 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)]