



In-Kind Contributions Received

R.C. 3517.10

Full Name of Committee							
Carpenters Lo	ical Uni	00	200 P	CE	* Pogistration Number	f PAC	
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number,	11 //	
Street Address Description of Item or			Service		Date (MM/DD/YYYY)	Fair Market Value	
City			Zip Code Received at Fundraising Event?				
				Yes No	Albustines at the	4 DAC	
Full Name of Contributor			Employer, Occu	oation, Labor Organization	* Registration Number,	IT PAC	
Street Address Description of Item o			Service		Date (MM/DD/YYYY)	Fair Market Value	
City	Sta	te	Zip Code	Received at Fundra	sing Event?		
Full Name of Contributor			Employer, Occupation, Labor Organization*		* Registration Number,	Registration Number, if PAC	
Street Address Description of Item or			Service		Date (MM/DD/YYYY)	Fair Market Value	
City State			Zip Code	Received at Fundra	ceived at Fundraising Event? Yes ☐ No		
Full Name of Contributor			Employer, Occu	er, Occupation, Labor Organization* Registration Number, if PAC			
treet Address Description of Item or		Service		Date (MM/DD/YYYY)	Fair Market Value		
City		ate	Zip Code	Received at Fundra	ising Event?		
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address Description of Item of		of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value	
City State		Zip Code	Received at Fundraising Event?				

* 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)]

Page Total \$	