

FOR PAPER FILING ONLY In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full PEOPLE FOR PAGE				
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember		Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service Sponsorship		M D Y 0 6 1 2 1 5	Fair Market Value 20.00
City Columbus	State O	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember		Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service Consulting Services		M D Y 0 6 2 2 1 5	Fair Market Value 500.00
City Columbus	State O	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember		Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service Consulting Services		M D Y 0 7 0 1 1 5	Fair Market Value 1,100.00
City Columbus	State O	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember		Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service Consulting Services		M D Y 0 7 2 7 1 5	Fair Market Value 500.00
City Columbus	State O	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember		Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service Consulting Services		M D Y 0 8 0 3 1 5	Fair Market Value 1,100.00
City Columbus	State O	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember		Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service Contribution		M D Y 0 7 2 9 1 5	Fair Market Value 100.00
City Columbus	State O	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember		Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service Legal Service		M D Y 0 8 0 7 1 5	Fair Market Value 233.80
City Columbus	State O	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember		Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service Consulting Services		M D Y 0 8 2 4 1 5	Fair Market Value 500.00
City Columbus	State O	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

* 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)]