

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Cindy Lazarus			
Full Name of Contributor The Plymale Partnership	Employer, Occupation, Labor Organization* Law Office	Registration Number, if PAC	
Street Address 495 S High Street	Description of Item or Service Beverages for volunteers	M 0	D 2
City Columbus	State OH	Y 1	Fair Market Value \$22.50
	Zip Code 53215	Y 8	
		Received at Fundraising Event?	
		<input checked="" type="radio"/> YES	<input type="radio"/> NO
Full Name of Contributor The Plymale Partnership	Employer, Occupation, Labor Organization* Law office	Registration Number, if PAC	
Street Address 495 S High Street	Description of Item or Service office space & phone resources	M 0	D 2
City Columbus	State OH	Y 1	Fair Market Value \$1,200.00
	Zip Code 43215	Y 8	
		Received at Fundraising Event?	
		<input checked="" type="radio"/> YES	<input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="radio"/> YES	<input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="radio"/> YES	<input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="radio"/> YES	<input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
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		<input type="radio"/> YES	<input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
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		<input type="radio"/> YES	<input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
	Zip Code		
		Received at Fundraising Event?	
		<input type="radio"/> YES	<input type="radio"/> NO

* 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)]