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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

N							
Name of Committee in Full Re-Elect Hammond to School Board							
Full Name of Contributor	Templarer Occur	nation, Labor Organization *	Dagiete	tion Ni-	ک سا	DAC	
Richard Hammond	гациоуег, оссир	Adoli, Laixii Çi galiizatioti	Registration Number, if PAC				
Street Address	Description of Item or Service		м	D	Y	Fair Market Value	
6091 Rav's Wav	130 - 28 cent stamps		018		1		36.40
City	State Zip Code		Received at Fundraising Event?				
Hilliard	$O \perp H$	43206-7291		YES		ØNO.	
Full Name of Contributor	11 / :	oation, Labor Organization *	Registration Number, if PAC				
	The state of the s						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
	<u> </u>			<u> </u>			
City	State	Zip Code	Receive	d at Fund	raising	_	
				YES		∐NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	am or Service	м	D	Y	Fair Market Value	
			1	1			
City	State	Zip Code	Receive	d at Fund	raising	Event?	
				YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC			PAC	1		
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value	
	<u> </u>						
City	State	Zip Code	Receive	d at Fund	raising	_	
	<u> </u>		<u> </u>	YES		∐ио	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
	<u> </u>		1 !				
City	State	Zip Code	Receive	d at Fund	raising	$\overline{}$	
	<u> </u>		<u> </u>	YES		∐и0	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
	L						
City	State	Zip Code	Receive	dat Fund	raising	Event?	
		<u> </u>	┸	YES		∟_мо	
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Nun	ber, if	PAC	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
	<del> </del>	77 C. 1	l D	1 1 5	1	F0	
City	State	Zip Code	Receive	d at Fund YES	raizing	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	ition Nun	ber, if	PAC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Func	raising	Event?	
	<u> </u>			YES		□ио	

Page Total \$	36.40

<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)}