

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

|   |  |   |                   |   |
|---|--|---|-------------------|---|
| Name of Committee in Full               |  |   |                   |   |
| Full Name of Contributor<br>Andy Callif |  | Employer, Occupation, Labor Organization *              |                   | Registration Number, if PAC   |
| Street Address<br>24 E. Mound           |  | Description of Item or Service<br>In-Kind Contributions |                   | M   D   Y   Fair Market Value<br>1   2   0   6   1   1  |
| City<br>Columbus                        |  | State<br>OH   | Zip Code<br>43215 | Received at Fundraising Event?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
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| Street Address                          |  | Description of Item or Service                          |                   | M   D   Y   Fair Market Value   |
| City                                    |  | State   | Zip Code          | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
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| City                                    |  | State   | Zip Code          | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
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| Street Address                          |  | Description of Item or Service                          |                   | M   D   Y   Fair Market Value   |
| City                                    |  | State   | Zip Code          | Received at Fundraising Event?<br><input type="checkbox"/> YES <input 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)]