31-	J-1		
R.C.	351	7.	10

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Re-Elect Hammond to School Board	·							
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Richard Hammond						· · · · · · · · · · · · · · · · · · ·		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
6091 Ray's Way	Advertising - ThisWeek		10					
City	State	Zip Code 4220 (-7201	Receive	d at Fund	raising E	_		
Hilliard	OIH	43206-7291	<del> </del>	YES		√иo		
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	Receive	d at Fund	raising E	vent?		
				] YES		□no		
Full Name of Contributor	Employer, Occur	loyer, Occupation, Labor Organization * Registration Number, if PAC			AC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raisme E	vent?		
•	1 1			YES	- LLL 2013	Пио		
Full Name of Contributor	Employer, Occup	vation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	veni?		
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		
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
	1			YES	-	□no		
Full Name of Contributor	Employer, Occup	nation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
	<u> </u>				<u> </u>			
City	State	Zip Code	Receive	dat Fund	raising E			
		<u> </u>	<u>  [</u>	YES		∐ио		
Full Name of Commibutor	Employer, Occupation, Labor Organization • Registration Number, if PAC			AC .				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	veni?		
Full Name of Contributor	Employer, Occup	nation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Item or Service		M	D 	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		

Page Total \$ 145.00

<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)]