31-	J-	1		
R.C.	35	17.	10	

In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Amos for Education					
Full Name of Contributor	Employer, Occupati	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Amos, Zach					
Street Address	Description of Item or Service		M D	Y Fair Market Value	
6401 Tattler Road	inkind purcha	inkind purchase/Facebook ad		1 7 \$25.00	
City	Sta te	Zip Code	Received at Fund	raising Event?	
Columbus	ОН	43223	O YES	O NO	
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
		, ,		·	
Street Address	Description of Item	Description of Item or Service		Y Fair Market Value	
City	Sta te	Zip Code	Received at Fund	Iraising Event?	
City	OH	Esp code		_	
			O YES	O NO	
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization* Registration Number, if PAC		iber, if PAC	
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fund	Iraising Event?	
	ОН	•			
Full Name of Contributor		ion, Labor Organization*	Registration Nun	NO NO	
Tall Name of Contitutor	Employer, Occupat	ion, Labor Organization	registration (val)	looi, ii TAC	
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
City	State	Zip Code	Received at Fund	Iraising Event?	
	OH		O YES	O NO	
Full Name of Contributor		ion, Labor Organization*	Registration Nun		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		·	
Street Address	Description of Item	Description of Item or Service		Y Fair Market Value	
Silver Addiess	Description of Kem	or dervice	M D	I I I I I I I I I I I I I I I I I I I	
a		la: 0.1	Received at Fund	T = 10	
City	Stal te OH	Zip Code		iraising Event?	
			O YES O NO		
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
	1				
City	State	Zip Code	Received at Fund	Iraising Event?	
	OH				
Full Name of Contributor		tion, Labor Organization*	Registration Nun	O NO	
Full Name of Contributor	Employer, Occupat	ion, Labor Organization	Registration Num	noei, ii FAC	
Street Address	Description of Item	Description of Item or Service		Y Fair Market Value	
City	Sta te	Zip Code	Received at Fund	draising Event?	
,	OH		OYES	O 1/0	
Full Name of Contributor		Employer, Occupation, Labor Organization*		NO	
Tall Name of Contributor	Employer, Goodpar	non, Euser Organization	, registration (var	inos, ii i i i	
Street Address	Description of Item	Description of Item or Service		Y Fair Market Value	
City	State	Zip Code	Received at Fund	draising Event?	
	OH		O YES	O NO	

Page Total \$25.00

^{*} 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)]