## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Cheri Lehmann							
Full Name of Contributor	Employer Occu	pation, Labor Organization *	ID a si ataa	tion Num	alana if D	A C	
Prism Marketing Communications	Employer, Occu	Registration Number, if PAC					
Street Address	Description of It	М	D	Y	Fair Market Value		
5031 Forest Drive, Suite A			1 0	1 2	0 9	1,000.00	
City	Logo & postcard artwork State Zip Code		Received at Fundraising Event?				
New Albany	O H 43054		YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Citizens for Good Government						<b>~</b>	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
4304 Hampsted Square East	Printing, 1		0 3				
City	State	Zip Code	Receive		lraising E		
New Albany		43054		YES	NYMETER MARKET	✓ NO	
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	1	lraising E	Event?	
				YES	over the second	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization * R			Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Func YES	lraising E	event?	
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 Func	lraising E	Event?	
				YES		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	Receive	d at Fund YES	Iraising E	event?	
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	Received at Fundraising Event?  YES  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	t ,	d at Fund YES	lraising E	Event?	

<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)]