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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
DREES FOR UA SCHOOLS								
Full Name of Contributor N.A.N.C.V. END.E.F.C.	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
NANCY DREES	Dogosinsi 6 %	n or Carrier	М	D	Ιν	Fair Market Value		
Street Address	Description of Item or Service			D	Y 115	1 ' '		
3781 CRISWELL DR.	STAPLES-PROMO/FLYERS State Zip Code			2 0 d at Funds				
City COLUMBUS	State H	43220	Received	YES	raising E	Vent? VNO		
Full Name of Contributor	Employer, Occupa	Registration Number, if PAC						
NANCY DREES	amprojent e sempe				,			
Street Address	Description of Iter	М	D	Y	Fair Market Value			
3781 CRISWELL DR.	FACEBOO	1 1	1 8	1 5	584.48			
City	State	Received at Fundraising Event?						
COLUMBUS	$O \mid H$	43220		YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC					/C		
NANCY DREES								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
3781 CRISWELL DR.	VISTAI	PRINT-PROMO	1 0	0 8	1 5	548.64		
City	State	Zip Code		d at Fund				
				YES NO				
Full Name of Contributor	Employer, Occupa	ation, Labor Organization *	Registra	tion Num	ber, if Pa	۸C		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
				1				
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
1				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		
					<u> </u>			
City	State	Zip Code	Receive	d at Fund	raising E	ivent?		
	1			YES		NO		
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		
					1 1			
City	State	Zip Code	Receive	d at Fund	raising E	Event?		
] YES		□ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
i	<u> </u>							
Street Address	Address Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	lraising I	Event?		
i '			YES NO.					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
1	' ' '							
Street Address	ddress Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	lraising I	Event?		
				YES 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)]