## **In-Kind Contributions Received**

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full	<del></del>	
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC
11		
Street Address	Description of Item or Service Supplies	D Y Fair Market Value
	William For Post	1103115 377.78
City	Sta te Zip Code	Received at Fundraising Event?
•		
Full Name of Contributor	Employer, Occupation, Labor Organization*	YES SXNO Registration Number, of PAC
4		The state of the s
Street Address	Description of Item or Service 17	D M D Y Fair Market Value
	morrett's Rest A	0711 02 15 40.00
City	State   Zin Code C	Received at Fundraising Event?
,	1 1000	
Full Name of Contributor	Employer, Occupation, Labor Organization	VES (XNO VRegistration Number, if PAC
(,	-	
Succi Address	Description of Item or Service	M D Y Fair Market Value
occi, idmess	$ \infty\rangle$	
City	State Zip Code ( )	1 11 104 15 188,60 Received at Fundraising Event?
City	1 ( 1000)	Han Portu NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
ruii Name oi Commodior	Employer, Occupation, Labor Organization	المتحدد أحطماها
'	D in the second	for post election partie
Street Address	Description of Item or Service	M D Y Fair Market Value
O.	proti Cheawige	111 12 12 202 (00)
City	Sta te Zip Code	Received at Fundraising Event?
		☐ YES ✓Ž NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number It PAC
11		
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te 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	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	Sta te Zip Code	Received at Fundraising Event?
		□ YES □ NO
Full Name of Contributor	Employer, Occupation, Labor Organization®	Registration Number, if PAC
		<b> </b>
Street Address	Description of Item or Service	M D Y Fair Market Value
		<b> </b>
City	Sta te Zip Code	Received at Fundraising Event?
		□ YES □ NO

Page Total S

<sup>\*</sup> 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)]