

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>NEW ALBANY FOR KIDS</b>			
Full Name of Contributor <b>GEORGE V/CHRISTY ARENSCHIELD</b>		Employer, Occupation, Labor Organization *	
Street Address <b>6911 HARLAN SQUARE</b>		Description of Item or Service <b>Hot Choc @ Football</b>	
City <b>NEW ALBANY</b>		State <b>OH</b>	
		Zip Code <b>43054</b>	
		Registration Number, if PAC	
		M   D   Y   Fair Market Value <b>1   1   0   1   1   2   196.58</b>	
		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State	
		Zip Code	
		Registration Number, if PAC	
		M   D   Y   Fair Market Value	
		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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)]