In-Kind Contributions Received



Prescribed by Secretary of State 03:05

| N | | | | | | | | |
|------------------------------------------------------------|-------------------------------------------|-------------------------------------------|--------------------------------|----------------------------------------|-----------------------------|--------------------|--|--|
| Name of Committee in Full COMMITTEE FOR THE COLUMBUS ZOO I | LEVY | | | | | | | |
| Full Name of Contributor | Employer, Occup | Employer, Occupation, Labor Organization* | | | Registration Number, if PAC | | | |
| KRAM & ASSOCIATES MARKETING SOLUTIONS, INC. | | | | | | | | |
| Street Address | Description of Item or Service | | M | D | T 11 | Fair Market Value | | |
| 175 S THIRD STREET STE 200 | NOTE & E | 0 7 2 9 1 5 \$460.10 | | | | | | |
| City | Sta te | Zip Code | Receive | d at Fun | draising | Event? | | |
| COLUMBUS | OH | 43215 | OYE | S | С |) NO | | |
| Full Name of Contributor | Employer, Occup | pation, Labor Organization* | | tion Nu | | | | |
| SUZANNE LUCCI | | | | | | | | |
| Street Address | Description of Ite | Description of Item or Service | | D | Ŋ | Fair Market Value | | |
| PO BOX 400 | POSTAGE | E | 0 9 0 8 1 5 \$25.97 | | | | | |
| City | Stal te | Zip Code | Receive | d at Fun | draising | Event? | | |
| POWELL | ОН | 43065 | OYE | s | |) NO | | |
| Full Name of Contributor | Employer, Occup | Registration Number, if PAC | | | | | | |
| Street Address | Description of Re | Description of Item or Service | | D | Υĵ | Fair Market Value | | |
| | | | | | | | | |
| City | Stal te | Zip Code | Receive | d at Fun | draising | Event? | | |
| | ОН | | OYE | s | C |) NO | | |
| Full Name of Contributor | Employer, Occup | nation, Labor Organization* | | ition Nur | nber, if | PAC | | |
| | | | | | | | | |
| Street Address | Description of Ite | m or Service | M | D | \ | Fair Market Value | | |
| an. | | In a . | | | | <u> </u> | | |
| City | State Zip Code | | Received at Fundraising Event? | | | | | |
| E BM | | OH | | O YES O NO Registration Number, if PAC | | | | |
| Full Name of Contributor | Employer, Occup | oation, Labor Organization* | Registra | ition Nur | nber, if I | PAC | | |
| Street Address | Description of Item or Service | | M | D | Y | Fair Market Value | | |
| | | | | | | | | |
| City | Sta te | Zip Code | Receive | d at Fund | lraising | Event? | | |
| | ОН | OH | | OYES ONO | | | | |
| Full Name of Contributor | Employer, Occup | 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 | Receive | d at Fund | draising | Event? | | |
| | OH | | O YE | S | С | 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 OH | | Received at Fundraising Event? | | | | | |
| | | | OYES O NO | | | | | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | | | | |
| Street Address | Description of Item or Service | | M | D | 15 | Fair Market Value | | |
| City | Sta te | Zip Code | Receive | ∐ i da≀Fun∉ | traising | Event ⁹ | | |
| | OH | | Oye | | _ |) _{NO} | | |

* 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)]

Page Total \$486.07