r	31-J-1
	R.C. 3517.10

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				_					
Olmstead for Trustee									
Ful Name of Contributor	Employer Occur	Danisas	Designation No. 1 COLC						
David Olmstead	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Item or Service			Lot	13	71	Fair Market Value		
6248 Kitzmiller Rd	Leaflets		M	$\begin{vmatrix} \mathbf{p} \\ 2 \end{vmatrix}$	- -	\ <u>-</u>			
City	State ZipCode			0 9 2 5 1 5 1 1 5 147.90 Received at Fundraising Event?					
New Albany	O H 43054			YES VIO					
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
David Olmstead		- Vignamor	Targisti a	(ACE) TOUR	,	AC			
Street Address Description of		m or Service	MI	ΤDΙ	15	71	Fair Market Value		
6248 Kitzmiller Rd					-1 1		1,241.63		
City	State Zip Code			Received at Fundraising Event?					
New Albany	ОІН	·		YES			NO		
Full Name of Contributor		Employer, Occupation, Labor Organization*			Registration Number, if PAC				
David Olmstead		, ,	•						
Street Address	Description of Iter	m or Service	M D Y Fair Market Value						
6248 Kitzmiller Rd	Post	Card & Mailing	110	119		15	1,847.58		
City	State	Zip Code		lat Fund					
New Albany	lo I H	43054		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	lat Fund	raising	Even	t?		
] YES			NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Iter	M	D	\top	T	Fair Market Value			
						<u> </u>			
City	State	Zip Code	Receive	at Fund	asng	Even			
				YES			NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Iter	M	D	۱	Ί	Fair Market Value			
City	State	Zip Code	Receive	٠	raising	Even			
			YES NO						
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
C + 11							1		
Street Address	Description of Ites	M	D	,	1	Fair Market Value			
		Zip Code		<u> </u>	_لِـ	<u></u>	<u> </u>		
City	State	Received at Fundraising Event?							
F.N. 60 - 1		YES NO							
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Second Address	D	Mİ	T =:			In the same			
Street Address	Description of Item or Service			D	,		Fair Market Value		
C+.	————	77.0.1.	<u> </u>	<u> </u>	<u>Ļ</u> .	<u> </u>	1		
City	State	State Zip Code			Received at Fundraising Event?				
l				YES NO					

Page Total \$ 3,237.11

^{*} 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 or ganization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]