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| 1 age _ |    |

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

| N 00 % 1 F B   |  |                             |  |                               |   |                    |       |
|--|--|-----------------------------|--|-------------------------------|---|--------------------|-------|
| Name of Committee in Full                                |  |                             |  |                               |   |                    |       |
| Reynoldsburg Area Democrats PAC Full Name of Contributor | In a Comm                                      |                             | In.  | ··                            | :CDA  |                    | _     |
|  | Employer, Occupation, Labor Organization *     |                             |  | Registration Number, if PAC   |   |                    |       |
| Kristin Bryant Street Address                            | Du di Chiang                                   |                             |  |                               |   | Train Market Value |       |
|  | Description of Item or Service                 |                             | M  | D                             | $\begin{vmatrix} \mathbf{Y} \\ 1 & 7 \end{vmatrix}$ | Fair Market Value  | 72.26 |
| 387 Cheyenne Way   | Event Expense                                  |                             | 0 9  |                               |   |                    | 72.36 |
| City   | State Zip Code                                 |                             | Received at Fundraising Event? YES VO            |                               |   |                    |       |
| Reynoldsburg   | O H  | 43068                       | <del> </del>                                     | YES                           | c.p.4   |                    | _     |
| Full Name of Contributor Kristin Bryant                  | Employer, Occup                                | ation, Labor Organization * | Registra   | tion Num                      | ber, if PA  | C                  |       |
| Street Address   | - CY - C                                       |                             | М  | D                             | Y   | Fair Market Value  |       |
| 387 Cheyenne Way   | Description of Item or Service Office Supplies |                             | $0^{M}$  |                               | 1 7   | ran Market Value   | 6.45  |
| City   | State Zip Code                                 |                             |  | occived at Fundraising Event? |   |                    |       |
| Reynoldsburg   | O H  | 43068                       | Receive  | YES                           | aising L  | No                 |       |
| Full Name of Contributor                                 | Employer, Occupation, Labor Organization *     |                             | Registration Number, if PAC                      |                               |   |                    |       |
| Kristin Bryant   | Employer, Occup                                | ation, Labor Organization   | Registra   | tion ivain                    | 001, 11 1 7   |                    |       |
| Street Address   | Description of Ite                             | m or Service                | M  | D                             | Y   | Fair Market Value  |       |
| 387 Cheyenne Way   | Description of Item or Service  Event Expense  |                             | $\begin{bmatrix} 1 & 1 \\ 0 & 8 \end{bmatrix}$   | 1                             | $\begin{vmatrix} 1 \\ 1 \end{vmatrix} 7$            | I all Market Value | 57.01 |
| City   | State  | Zip Code                    |  | at Fundi                      |   | (ent?              | 57.01 |
| Reynoldsburg   | O H  | 43068                       |  | YES                           | aising L  | No                 |       |
| Full Name of Contributor                                 |  | ation, Labor Organization * |  | tion Num                      | her if PA   |                    |       |
| Kristin Bryant   | Employer, Occupation, Laton Organization       |                             |  | registration manage, and      |   |                    |       |
| Street Address   | Description of Ite                             | m or Service                | М  | D                             | Y   | Fair Market Value  |       |
| 387 Cheyenne Way   |  | vertisement                 | 0 9  | 1                             | 1 7   |                    | 5.00  |
| City   | State Zip Code                                 |                             |  | d at Fundi                    |   | /ent?              | 0.00  |
| Reynoldsburg   | h H  | 43068                       |  | YES                           |   | √ NO               |       |
| Full Name of Contributor                                 |  | ation, Labor Organization * | Registra   | tion Num                      | ber, if PA  | AC .               |       |
|  |  |                             |  |                               |   |                    |       |
| Street Address   | Description of Item or Service                 |                             | М  | D                             | Y   | Fair Market Value  |       |
|  |  |                             | <del>                                     </del> | <u> </u>                      | L   | L                  |       |
| City   | State  | Zip Code                    | Receive  | d at Fundi                    | raising Ev  |                    |       |
|  |  |                             | 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  |       |
| Street Address   |  |                             | "  |                               | 1   | Tan Market Value   |       |
| City   | State  | Zip Code                    | Receive  | d at Fund                     | raising E   | vent?              |       |
|  | :  | '                           |  | YES                           | •   | NO                 |       |
| Full Name of Contributor                                 | Employer, Occup                                | ation, Labor Organization * | Registra   | tion Num                      | ber, if PA  | AC .               |       |
|  |  |                             |  |                               |   |                    |       |
| Street Address   | Description of Item or Service                 |                             | М  | D                             | Y   | Fair Market Value  |       |
|  |  |                             |  |                               |   |                    |       |
| City   | State  | Zip Code                    | Receive  | d at Fund                     | raising E   | _                  |       |
|  |  |                             | YES NO   |                               |   |                    |       |
| Full Name of Contributor                                 | Employer, Occupation, Labor Organization *     |                             | Registra   | tion Num                      | ber, if PA  | AC .               |       |
| Street Address   | Description of Item or Service                 |                             | М  | D                             | Y   | Fair Market Value  |       |
| Short radios   |  |                             | "  |                               | _   |                    |       |
| City   | State Zip Code                                 |                             | Received at Fundraising Event?                   |                               |   |                    |       |
|  |  |                             | YES NO   |                               |   |                    |       |

<sup>\*</sup> 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)]