## **In-Kind Contributions Received**

Page	_i_	

Prescribed by Secretary of State 03/05

Name of Committee in Full				
VIRGINIA KAY PETERS FOR ORETZ COUNCIL  Full Name of Contributor    Employer, Occupation, Labor Organization*   Registration Number, if PAC				
	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
VIRGINIA KAY PETERS Street Address 1787 ARCADIA AVENUE	SELF Description of Item or Service			
Street Address			M D Y Fair Market Value	
1787 ARCADIA AVENUE	YARD SIGNS State Zip Code		08 18 15 279.00	
City	· ^		Received at Fundraising Event?	
OBETZ	1 OH	43207-4409 ation, Labor Organization*	□ YES ☑ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC	
VIRGINIA KY PETERS  Street Address  1787 ARCADIA LUE NUE	Description of the page 2 in the		M D Y Fair Market Value	
Street Address	Description of Item or Service			
City	HANDOUT	CARDS Zip Code	0 8 0 4 1 5 24.72  Received at Fundraising Event?	
C ny	1			
OBET 2 Full Name of Contributor	Employer, Occur	43207-4409 ation, Labor Organization*	☐ YES NO Registration Number, if PAC	
a with the or College of the second		. • • • • • • • • • • • • • • • • • • •		
Street Address	Description of Iter	m or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Iter	m or Service	M D Y Fair Market Value	
	Į			
City	Sta te	Zip Code	Received at Fundraising Event?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occup	oation, Labor Organization*	Registration Number, if PAC	
Secret Address	Description of Item or Service		M D Y Fair Market Value	
Street Address	Description of ne	114 1/4 1/4ET IVA		
City	Sta te	Zip Code	Received at Fundraising Event?	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			_	
Full Name of Contributor	Employer, Occupation, Labor Organization Registration Number, if PAC			
Street Address	Description of Ite	m or Service	M D Y Fair Market Value	
	1			
City	Sta te	Zip Code	Received at Fundraising Event?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occur	oation, Labor Organization*	Registration Number, if PAC	
		. <u>-</u>		
Street Address	Description of Ite	em or Service	M D Y Fair Market Value	
		Tay a l		
City	Sta te	Zip Code	Received at Fundraising Event?	
C IIV	Finale Ocean	pation, Labor Organization*	Registration Number, if PAC	
Full Name of Contributor	Employer, Occup	pation, Lauor Organization	inepatibili mannet, a rac	
Street Address	Description of Item or Service		Mt D Yi Fair Market Value	
Succi Admess	Description of the			
City	Sta te	Zip Code	Received at Fundraising Event?	
		1	☐ YES ☐ NO	
		<u> </u>	10 113 2 110	

Page Total S3<u>3.72</u>

<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)]