

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full VIRGINIA KAY PETERS FOR OBETZ COUNCIL			
Full Name of Contributor VIRGINIA KAY PETERS		Employer, Occupation, Labor Organization* SELF	
Street Address 1787 ARCADIA AVENUE		Description of Item or Service YARD SIGNS	
City OBETZ	State OH	Zip Code 43207-4409	M D Y Fair Market Value 08 08 15 279.00
Full Name of Contributor VIRGINIA KAY PETERS		Employer, Occupation, Labor Organization*	
Street Address 1787 ARCADIA AVENUE		Description of Item or Service HANDOUT CARDS	
City OBETZ	State OH	Zip Code 43207-4409	M D Y Fair Market Value 08 04 15 24.72
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	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	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	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	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	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	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	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 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)]