## Page \_\_\_\_\_

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	11 /2 12 mm	Hard - Own	ee A				
Getter for Go ett tota		Name of the last o	PROPERTY OF THE PROPERTY OF TH		1 'CE	A.C.	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Sign A Rama			<del>                                     </del>	<del></del>	1	In 1 25 2 127 5	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
3814 Fishinger Blvd			1 1 0 5 0 9 670.00  Received at Fundraising Event?				
City	State	Zip Code	Received		raising E		
Hilliard	0 H	43026		YES	onais magnisting yanaci	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	
City	State	Zip Code	Received	d at Fund YES	raising E	vent?	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
14410000000000000000000000000000000000	_						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
City	1			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	
900000000000000000000000000000000000000							
City	State	Zip Code	Receive	d at Fund	raising E	[*************************************	
			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	
City	State	Zip Code	Receive	d at Fund	raising E	ivent?	
				YES NO			
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	ivent?	
		*		YES	Ü	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	
City	State	Zip Code	Receive	d at Fund	lraising E	event?	
				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		Received at Fundraising Event?				
National Parks				YES		∐NO	

Page Total \$ 670.00

<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)]