FOR PAPER FILING ONLY

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

10 2 P.N		_					_		
Name of Committee in Full PEOPLE FOR PAGE									
Full Name of Contributor	Employ	ver Occur	ation I abor Organization *	Registre	tion M.	nher if t	ΔČ		
Klein Committee	Employer, Occupation, Labor Organization * City Councilmember			Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Mark	et Value		
545 East Town Street	Consulting Services		0 6	0 1	1 5		532.26		
City	State Zip Code		Receive	d at Fun	traising l	event?			
Columbus	0	H	43215		YES		NO 🗵		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Citizens for Stinziano	State of Ohio								
Street Address	Description of Item or Service		M	D	Y _	Fair Mark			
550 East Walnut Street	Event Table and Ad			0 6	 _			41.67	
Colombor	1_	State	Zip Code	Receive		iraising i	_		
Columbus	<u>O</u>	H	43215	Dovietes	YES	-h :CD	NO NO		
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address		City Councilmember Description of Item or Service			I D	T Y	Fair Mark	et Value	
545 East Town Street	Descrit	MOII OI NE	an or ourse	$\begin{bmatrix} M \\ O \end{bmatrix}$	04	1 1		54.00	
City	State Zip Code				draising l		54.00		
Columbus	lo "	Н	43215		YES	ara.,,	NO NO		
Full Name of Contributor			ation, Labor Organization *	Registra		nber, if F			
OAPSE AFSCME Turnaround PAC	Ohio Assoc. Public Schools						A1269		
Street Address	Description of Item or Service			Mj	D.	Yı	Fair Mark	et Value	
6805 Oak Creek Drive		Mailer		0 4	3 0	1 5		492.40	
City	S	State	Zip Code	Receive	d at Fun	draising l	Event?		
Columbus	О	H	43229		YES		☐ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
OAPSE AFSCME Turnaround PAC		Ohio Assoc. Public Schools		<u> </u>		L.	A1269		
Street Address	Description of Item or Service		M		Y _	Fair Mark			
6805 Oak Creek Drive	4		ll Standing		0 5			1,300.87	
City	\ S	State 	Zip Code	Receive	xtatFun YE\$	draising l	Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization •			Registration Number, if PAC					
an realite of Controllor	Employer, Occupation, Labor Organization		icegistration Number, it the						
Street Address	Description of Item or Service		M	D	Y	Fair Mark	et Value		
City	5	State	Zip Code	Receive	d at Fun	draising l	Event?		
					YES		☐ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of Item or Service		M)	D	T Y _t	Fair Mark	et Value		
Succe rudices			141	Ĭ		an Iviair	~. · · · · · · · · · · · · · · · · · · ·		
City	5	State	Zip Code	Receive	d at Fun	draising l	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 Mark	et Value		
Cit.		State	7 in Code	Racin	d at E	draising	Firensia		
City	'	State 	Zip Code	Receive	YES	marsing	EVENT?		
		i	I	<u> </u>	100				

^{*} 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)]