

# FOR PAPER FILING ONLY

## In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>PEOPLE FOR PAGE</b>					
Full Name of Contributor <b>Klein Committee</b>		Employer, Occupation, Labor Organization * <b>City Councilmember</b>		Registration Number, if PAC	
Street Address <b>545 East Town Street</b>		Description of Item or Service <b>Consulting Services</b>		M   D   Y <b>0   6   0   1   1   5</b>	Fair Market Value <b>532.26</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Citizens for Stinziano</b>		Employer, Occupation, Labor Organization * <b>State of Ohio</b>		Registration Number, if PAC	
Street Address <b>550 East Walnut Street</b>		Description of Item or Service <b>Event Table and Ad</b>		M   D   Y <b>0   6   0   3   1   5</b>	Fair Market Value <b>41.67</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Klein Committee</b>		Employer, Occupation, Labor Organization * <b>City Councilmember</b>		Registration Number, if PAC	
Street Address <b>545 East Town Street</b>		Description of Item or Service <b></b>		M   D   Y <b>0   6   0   4   1   5</b>	Fair Market Value <b>54.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>OAPSE AFSCME Turnaround PAC</b>		Employer, Occupation, Labor Organization * <b>Ohio Assoc. Public Schools</b>		Registration Number, if PAC <b>LA1269</b>	
Street Address <b>6805 Oak Creek Drive</b>		Description of Item or Service <b>Mailer</b>		M   D   Y <b>0   4   3   0   1   5</b>	Fair Market Value <b>492.40</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43229</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>OAPSE AFSCME Turnaround PAC</b>		Employer, Occupation, Labor Organization * <b>Ohio Assoc. Public Schools</b>		Registration Number, if PAC <b>LA1269</b>	
Street Address <b>6805 Oak Creek Drive</b>		Description of Item or Service <b>Poll Standing</b>		M   D   Y <b>0   5   0   5   1   5</b>	Fair Market Value <b>1,300.87</b>
City <b></b>		State <b></b>	Zip Code <b></b>	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b></b>		Employer, Occupation, Labor Organization * <b></b>		Registration Number, if PAC	
Street Address <b></b>		Description of Item or Service <b></b>		M   D   Y <b></b>	Fair Market Value
City <b></b>		State <b></b>	Zip Code <b></b>	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b></b>		Employer, Occupation, Labor Organization * <b></b>		Registration Number, if PAC	
Street Address <b></b>		Description of Item or Service <b></b>		M   D   Y <b></b>	Fair Market Value
City <b></b>		State <b></b>	Zip Code <b></b>	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b></b>		Employer, Occupation, Labor Organization * <b></b>		Registration Number, if PAC	
Street Address <b></b>		Description of Item or Service <b></b>		M   D   Y <b></b>	Fair Market Value
City <b></b>		State <b></b>	Zip Code <b></b>	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 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)]

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