## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						·		
Friends of Zach Scott								
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Paula Brooks Committee					regional remote, with			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
545 E Town St								
City	Printing State Zip Code							
Columbus	State H	Received at Fundraising Event?  YES  NO						
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Paula Brooks Committee	2.4.0,1., 0112	pototi, Lavor Organization	i cgisuu.	1011 114111	oci, ii i 7			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
545 E. Town St		Postage		116	116	292.50		
City	State	Zip Code	012 Received					
Columbus	lo ∣ н	43215		YES		√N.0		
Full Name of Contributor					her if D/			
	Employer, Occu	Employer, Occupation, Labor Organization •			Registration Number, if PAC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
				i				
City	State	Zip Code	Received	at Fundi	raising E	vent?		
				YES	_	□NG		
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	Received	at Fundi	raising E	v≠nt?		
				YES		□NG		
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		
		,-			<u> </u>	<u>                                       </u>		
City	State	Zip Code	Received		raising E			
				YES		N0		
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		
			1 1	- 1	1 1			
City	State	Zip Code	Received	at Fundi	raising Ex	vent?		
T-11,	1	2.7 0000		YES		Πxo		
Full Name of Contributor	Employer Occur	nation Labor Organization *			har if D			
Tell (value of Collaboro)	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		<del>  M  </del>	D	Ϋ́	Fair Market Value		
Safet Address			"	Ĭ	l 1	Tall Market Value		
Ci	5	Tar a t		<u> </u>	<u> </u>	<u> </u>		
City	State	Zip Code	Received	21 Fundi YES	raising E	NO NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	ΙΥ	Fair Market Value		
ontel vonces	Description of Item or Service		M	J	'i	I an Marker value		
	<del></del>	7: 0.4	1	<u> </u>				
City	State	Zip Code	Received		raising E			
	l l	1		YES		0NO		

<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)]