In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full						;
triends of Bob Bailey						
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registra	Registration Number, if PAC		
DOD Dailey					1 12	Transaction Value
Street Address	Description of Ite		M	مراما	Y	Fair Market Value
567 Virginia Cir. W.	7-shirts	for Parade/Election	106	123	///	134/1.60
Whitehall	04 43213		- 1	Received at Fundraising Event? YES NO		
Full Name of Contributor	Employer, Occur	pation, Labor Organization*	Registra		nber, it	PAC
Bob Bailey	.		"		·	
Street Address	Description of Item or Service		M	T D	ΙÝ	Fair Market Value
5/07 Victoria Cic 111.	Candy Color to		06	063011 73.80		
City City	State	Zip Code	Receive		draising	
567 Virginia Cir. W.	OH-	43213	□ YE			Y NO
VVIIIONUTT	Employer Occur					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registra	Registration Number, if PAC		
Street Address	Description of Ite	em or Service	M	M D Yı Fair Market Value		
ouect i tauess						
City	Sta te	Zip Code	Receive	dat Fun	draising	Event?
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	F 1 0:		Registra			NO :
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registra	mon Nu	прет, п	PAC .
Communication Address	Description of Ite	m or Service	— _М	l n	Ιvi	Fair Market Value
Street Address	Description of the	in or Service		1		Tall Market Value
City	Sta te	· Zip Code	Receive	d at Fun	draising	Event?
City	Su 10					
			☐ YE			NO .
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registra	ition Nu	nber, if	PAC
G	Description of Item or Service		M.	l n	TVI	Fair Market Value
Street Address			M D Y Fair Market Value			
City.		7:- 0.4-	Pagaina	dat Fun	denisiau	Event?
City	Sta te	Zip Code	Receive	uarrun	шаізшу	Event:
		<u>:</u>	□ YE			NO
Full Name of Contributor Employer, Occupation, L.		pation, Labor Organization*	Registration Number, if PAC			
		0		1 73	1 13	Colu Mantros Malina
Street Address	Description of Ite	em or Service	M	4	4	Fair Market Value
		To a l			<u> </u>	
City	Sta te	Zip Code	Receive	a at Fun		•
			☐ YE) NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registra	tion Nu	mber, if	PAC
0	lp			1 72	1 44	Enis Mantes Val
Street Address	Description of Ite	em or Service	M	D	1	Fair Market Value
City	Sta te	Zip Code	Receive	d at Fun	draising	Event ⁹
City	Sia ie Zip Code		1	Received at Fundraising Event? YES NO		
I 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	Sta te	Zip Code	Receive	d at Fun	draising	Event?
			□ YE	S	0] 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)]