

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full COMMITTEE FOR THE COLUMBUS ZOO LEVY				
Full Name of Contributor KRAM & ASSOCIATES MARKETING SOLUTIONS, INC.		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 175 S THIRD STREET STE 200		Description of Item or Service NOTE & BUSINESS CARDS		M D Y Fair Market Value 0 7 2 9 1 5 \$460.10
City COLUMBUS		State OH	Zip Code 43215	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor SUZANNE LUCCI		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address PO BOX 400		Description of Item or Service POSTAGE		M D Y Fair Market Value 0 9 0 8 1 5 \$25.97
City POWELL		State OH	Zip Code 43065	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]

Page Total **\$486.07**