Page	5

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Parents for Progress							
Full Name of Contributor	Employer Occupation	on, Labor Organization *	Registration Number, if PAC				
Kimberly Miller Smith		A COMPANY OF A LAND CO. ALL A LAND CO.					
Street Address	Description of Item o	эг Service	M	D	Y	Fair Market Value	
12615 Wildflower Dr. NW		apples for signs	0 4	1 5		1	47.88
City		ip Code		l at Fundra			
Pickerington		43147		YES		☑ NO	
Full Name of Contributor		on, Labor Organization *	Registration Number, if PAC				
			<u></u>	**************************************		***************************************	***************************************
Street Address	Description of Item o	or Service	М	D	Y	Fair Market Value	Name of the last o
City	State Z	ip Code		l at Fundr	aising Ev	America.	
				YES	CONTRACTOR	→ NO	MOSEO (SSS Syministrasyma sistema vivo vivo vivo vivo vivo vivo vivo viv
Full Name of Contributor	Employer, Occupatio	on, Labor Organization *	Registration Number, if PAC				
Street Address	Description of Item o	or Service	М	D	Y	Fair Market Value	
City	State Z	Lip Code	Received	i at Fundr	aising Ev	vent?	***************************************
		-	i	YES		☑ NO	
Full Name of Contributor	Employer, Occupatio	on, Labor Organization *		ion Numb	per, if PA	\C	
Street Address	Description of Item or Service		М	D	Υ	Fair Market Value	
City	State Z	Cip Code		d at Fundr YES	aising E	vent? V NO	
Full Name of Contributor	Employer, Occupation	on, Labor Organization *	Registration Number, if PAC				
Street Address	Description of Item of	or Service	М	D	Y	Fair Market Value	eta eta eta esta esta esta esta esta est
City	State Z	Zip Code		d at Fundr YES	aising E	vent?	
Full Name of Contributor	Employer, Occupation	Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State Z	Zip Code		d at Fundr YES	aising E	vent?	uspecialistico de la constitución de la constitució
Full Name of Contributor	Employer, Occupation	Registration Number, if PAC					
Street Address	Description of Item of	Description of Item or Service		D	Y	Fair Market Value	nice construinte province de la construinte del construinte de la
City	State Z	Zip Code	Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *		tion Numl	ber, if Pa	AC	
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value	
City	State Z	Zip Code		d at Fundr YES	aising E	vent?	
			CHARLES AND ADDRESS OF THE PARTY OF THE PART			NAMES OF THE OWNER OF THE OWNER, WHEN THE OWNE	······································

Page Total \$ 47.88

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupator 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)]