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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full								
Sandy Long for School Board	T		In	· »				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Sandra D. Long		Evaluations, Inc.		_ <u> </u>		Ië e ra a a va r		
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
1675 Haft Drive		postage		1 0 1 9 1 1   132.00   Received at Fundraising Event?				
City	State	Zip Code	_ I		aising Ev	ent?		
Reynoldsburg								
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	State Zip Code		Received at Fundraising Event?  VES NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization •			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code		YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occup	ation, Labor Organization •	Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code		d at Fund YES	raising Ev	vent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization •		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		Đ	Y	Fair Market Value		
City	State	Zip Code		d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	pation, Labor Organization *						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code		d at Fund YES	raising E	vent <sup>2</sup> NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code		Received at Fundraising Event <sup>9</sup> YES NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Its	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code		d at Fund YES	lraising 1	vent <sup>9</sup> NO		

<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)]