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Page	

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Coleman for Ohio			
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC
Ohio Democratic Party			
Street Address	Description of Item or Service		M D Y Fair Market Value
271 E State St	Newspaper Ad		0 9 1 8 0 7 497.00
City	State Zip Code		Received at Fundraising Event?
Columbus	ОН	43215	YES NO
Full Name of Contributor			Registration Number, if PAC
	Employer, Occup	oation, Labor Organization *	Registration Number, it PAC
Ohio Democratic Party			
Street Address	Description of Item or Service		M D Y Fair Market Value
271 E State St		Media Buy	1 0 1 6 0 7 1,500.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	ОН	43215	☐ YES ☑ NO
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC
Franklin County Democratic Party			
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
271 E. State Street		Media	1 0 1 7 0 7 2,500.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	ОН	43215	YES NO
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC
Tun ivalic of controllor	Employer, Occup	ation, Labor Organization	Registration Number, 11 1 Ac
Co A 11	D		M B V Friedry Viles
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			☐ YES ☐ NO
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			☐ YES ☐ NO
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Number, if PAC
- 		,	
Street Address	Description of Ite	om or Carrica	M D Y Fair Market Value
Street Address	Description of its	ent of Service	IVI D I I I I I I I I I I I I I I I I I
(A)	g	Ta: 0.1	
City	State	Zip Code	Received at Fundraising Event?
		<u> </u>	☐ YES ☐ NO
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC
Street Address	Description of It	em or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
			YES NO
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC
		-	
Street Address	Description of Ite	em or Service	M D Y Fair Market Value
	2 countries of the		
Cir.	Ctots	Tin Code	Passived at Europeaning Event?
Ĉity	State	Zip Code	Received at Fundraising Event?
			☐ YES ☐ NO

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