3	1-	J-	1	
R	C	35	17.	10

Page	
Page	

## In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy									
Employer, Occupa		Registrat	ion Numb						
Description of Item or Service  Business Cards		My		09	Fair Market Value <b>49.62</b>				
State 5	Zip Code <b>4320 G</b>		l at Fundr YES	aising Ev	vent?				
Employer, Occupa	tion, Labor Organization *	Registrat	tion Numl						
Magne	ts Business	0 /	02	09	Fair Market Value				
OH	43206		YES		Мо				
		Registra	tion Num						
Enve	lopes.	о 7	24	09	Fair Market Value				
0:4	43215		YES		<b>∑</b> no				
Employer, Occupation, Labor Organization *		Registration Number, if PAC							
Yard	<u>Signs</u>	o 9	25	09	Fair Market Value				
OH	43207		YES	_	<b>∑</b> NO				
Employer, Occupa	tion, Labor Organization *	Registra	tion Num	ber, if PA	AC				
Description of Iter	n or Service	М	D	Y	Fair Market Value				
State	Zip Code		YES	and the state of t	NO				
Employer, Occupation, Labor Organization *		Registration Number, if PAC							
Description of Iter	n or Service	М	D	Y	Fair Market Value				
State	Zip Code	Receive	d at Fund YES	raising E	vent?				
Employer, Occupa	ation, Labor Organization *	Registra	ition Num	ber, if PA	AC				
Description of Item or Service		М	D	Y	Fair Market Value				
State	Zip Code		YES		NO				
		Registration Number, if PAC							
Employer, Occup	ation, Labor Organization *	Registra	ation Nun	nber, if Pa	AC .				
Employer, Occup		M	D D cd at Fund	Y	Fair Market Value				
	Description of Item State O H Employer, Occupa Description of Item State O H Employer, Occupa Description of Item State Description of Item Description of Item State Description of Item	Description of Item or Service  Business Cords  State  Cip Code  C	Employer, Occupation, Labor Organization * Registrate Description of Item or Service	Description of Item or Service    State   Zip Code   YES	Registration Number. if PA  Description of Item or Service  Business Cards  State  O H  Zip Code  Comployer, Occupation, Labor Organization *  Registration Number, if PA  Description of Item or Service  Myssiness  Registration Number, if PA  Description of Item or Service  Part   Zip Code  Comployer, Occupation, Labor Organization *  Description of Item or Service  Part   Zip Code  Code				

Page Total S 414.94

<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)]