In-Kind Contributions Received

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| Page | | |

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | | |
|--------------------------------|---|----------------------------|--------------------------------|---------------------------|--|
| Carpenters Local Union 200 PCE | | | | | |
| 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 | Sta te | Zip Code | Received at Fr | undraising Event? | |
| 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 | Sta te | Zip Code | Received at Fo | undraising Event? | |
| Full Name of Contributor | Employer, Occup | ation, Labor Organization* | Registration Number, if PAC | | |
| Street Address | Description of Iter | n or Service | M D Y Fair Market Value | | |
| City | Sta te | Zip Code | Received at Fo | undraising Event? ⊡ NO | |
| Full Name of Contributor | Employer, Occup | ation, Labor Organization* | Registration N | Number, if PAC | |
| Street Address | Description of Iter | n or Service | M D | Y Faw Market Value | |
| City | Sta te | Zip Code | Received at Ft | undraising Event? | |
| Full Name of Contributor | Employer, Occupation, Labor Organization Registration Number, if PAC | | fumber, if PAC | | |
| Street Address | Description of Item or Service | | M D | Y Fair Market Value | |
| City | Sta te | Zip Code | Received at Ft | undraising Event? | |
| Full Name of Contributor | Employer, Occup. | ation, Labor Organization* | Registration Number, if PAC | | |
| Street Address | Description of Iten | n or Service | M D | Y Fair Market Value | |
| City | Sta te | Zip Code | Received at Fo | undraising Event? ☐ NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | |
| Street Address | Description of Item or Service | | M D | Y Faw Market Value | |
| City | Sta te | Zip Code | Received at Fundraising Event? | | |
| Full Name of Contributor | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | |
| Spect Address | Description of Item or Service M | | | Y Fair Market Value | |
| City | Sta te | Zip Code | Received at Fu | undraising Event? | |

Page Total S ______

^{*} 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)]