

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Families for Bishoff			
Full Name of Contributor Citizens for Jolley	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 187 Regents Way	Description of Item or Service postage and delivery	M D Y 1 2 0 1 1 1	Fair Market Value 7.23
City Gahanna	State Zip Code O H 43230	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Heather Bishoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2902 Braden Way	Description of Item or Service printing and reproduction	M D Y 1 2 0 1 1 1	Fair Market Value 57.90
City Blacklick	State Zip Code O H 43004	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Heather Bishoff	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2902 Braden Way	Description of Item or Service debt forgiven	M D Y 1 2 0 9 1 1	Fair Market Value 145.18
City Blacklick	State Zip Code O H 43004	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
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City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]