

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

| | | | |
|--|---|---|------------------------------------|
| Name of Committee in Full Friends of Jim Reese | | | |
| Full Name of Contributor Jim Reese | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address 553 Landover Place | Description of Item or Service Legal Services | M D Y 0 2 0 3 1 6 | Fair Market Value 300.00 |
| 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 | 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 | |
| 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 | |
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| Street Address | Description of Item or Service | M D Y | Fair Market Value |
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| 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)]