

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>			
Full Name of Contributor <i>Richard Rayer</i>	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address <i>1480 Dublin Rd.</i>	Description of Item or Service <i>Food & Beverage</i>	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	Fair Market Value <i>832.11</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43215</i>	Received at Fundraising Event? <input checked="" 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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/>	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, occupation 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)]