In-Kind Contributions Received

Page	 _

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address Street Address 3/93 L= DuBLIN GA ANI'lle City Co CUIN BUS	Description of Item		10	Fair Market Value
Co Cum Bus	Sta tc/	, 1, w/ Zip Code 4323/	Received at	Fundraising 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	Fundraising Event?
Full Name of Contributor	Employer, Occupar	ntion, 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	Fundraising Event?
Full Name of Contributor	Employer, Occupat	ution, Labor Organization*		Number, if PAC
Street Address	Description of Item	ı or Service	M	D Y Fair Market Value
City	Sta te	Zip Code	Received at	Fundraising Event?
Full Name of Contributor	Employer, Occupar	ntion, 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	Fundraising Event?
Full Name of Contributor	Employer, Occupar	ntion, 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	Fundraising 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	Fundraising 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	Fundraising Event?

Page Total \$

^{*} 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)]