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In-Kind Contributions Received

Page	 _	

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Citizens for class Phil	1.'25							
Full Name of Contributor	Frankover Oceanor	tion, Labor Organization*	Registration Nun	nher if PAC				
Name of Committee in Full Citizens for Jason Philip Full Name of Contributor Citizens for Jolley Street Address 187 heaents Road	Employer, Occupa	non, cacor Organization	registration (var	ioci, ii rac				
Street Address	Description of Item	Description of Item or Service		Y Fair Market Value				
187 Regents Road	Postage		11100					
City	Sta te	Zip Code	Received at Fund	lraising Event?				
Cahanna	Oh.10 43230		☐ YES 🗶 NO					
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Nun	aber, if PAC				
Street Address	Description of Item or Service		M D	Y Fair Market Value				
City	Sta te	Zip Code	Received at Fund	traising 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 Fund	fraising Event?				
			☐ YES	□ №				
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Nun	nber, if PAC				
Street Address	Description of Item	or Service	M D	Y Fair Market Value				
City	Sta te	Zip Code	Received at Func	draising Event?				
<u> </u>	ļ	<u> </u>	☐ YES	□ %0				
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Nur	mber, if PAC				
Street Address	Description of Item	ar Service	M D	Y Fair Market Value				
City	Sta te	Zip Code	Received at Fund	draising Event?				
			☐ YES	□ NO				
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Nur	nber, if PAC				
Street Address	Description of Item	or Service	M D	Y Fair Market Value				
City	Sta te	Zip Code	Received at Fund	draising Event?				
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Nur					
Street Address	Description of Item	ı or Service	M D	Y Fair Market Value				
City	Sta te	Zip Code	Received at Fun	_				
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Nu	D NO mber, if PAC				
Street Address	Description of Item or Service		M D	Y Fair Market Value				
		···						
City	Sta te	Zip Code	Received at Fun	draising Event?				

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^{*} 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)]