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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Vilardo for Schools								
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Ran Flasterstein		. •	`					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
965 Elcliff Drive	five Belov	ive Below-Supplies for even		218	1 3	30.10		
City	State	Zip Code		d at Fund		1		
Westerville	оін	43081		YES	-	(NO)		
Full Name of Contributor		pation, Labor Organization *	Registra	tion Nur	ber, if Pa	AC AC		
Ran Flasterstein			`		,			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
965 Elcliff Drive	PartvCitv	-Supplies for ever						
City	State	Zip Code		d at Fund				
Westerville	ОН	43081		YES		NO.		
Full Name of Contributor	Employer, Occu	pation, Labor Organization	Registra	tion Nun	ber, if P.	AC		
Rick A. Vilardo								
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value		
33 W. Broadway Avenue	US	PS - Postage	1 0	3 0	1 3	276.00		
City	State	Zip Code	Receive	d at Fund	raising E			
Westerville	ОІН	43081		YES		(2)		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Nun	ber, if P	۸C		
Kim Kennedy								
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value		
147 Patti Drive	Fo	Food for event		3 0	1 3	120.00		
City	State	Zip Code	Receive	d at Fund	lraising E	vent?		
Westerville	ОН	43081		YES		(NO)		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		Ð	Y	Fair Market Value		
			1 1			_		
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
1				YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization	Registra	Registration Number, if PAC				
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
		,	<u> </u>					
City	State	Zip Code	Receive	d at Func	traising E			
	1		1	YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Nun	nber, if P	AC		
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value		
				1 1				
City	State	Zip Code	Receive	d at Fund	Iraising E	ivent?		
	1			YES		NO		
•	1							

Page Total \$ 533.41

^{*} 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)]