

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Contributor in Full Olmstead for Trustee				
Full Name of Contributor The New Albany Company LLC		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 8000 Walton Parkway		Description of Item or Service Post card mailing printing and postage		M D Y Fair Market Value 1 0 2 8 1 5 \$1,696.90
City New Albany		State OH <input checked="" type="checkbox"/>	Zip Code 43054	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor The New Albany Company LLC		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 8000 Walton Parkway		Description of Item or Service Letter mailing, printing and postage		M D Y Fair Market Value 1 0 3 0 1 5 \$1,547.08
City New Albany		State OH <input checked="" type="checkbox"/>	Zip Code 43054	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor The New Albany Company LLC		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 8000 Walton Parkway		Description of Item or Service Campaign consulting		M D Y Fair Market Value 1 1 0 3 1 5 \$500.00
City New Albany		State OH <input checked="" type="checkbox"/>	Zip Code 43054	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* 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)]

Page Total \$3,743.98