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In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Good Schools Committee					alderialist (1000000			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Rich, Crites & Dittmer, LLC	Law Firn	N						
Street Address	Description of Item or Service		м 1 1	D	Y	Fair Market Value		
300 E. Broad St. #300	Postage/cop	Postage/copies		0 5	8 0	\$171.30		
City	Sta te			Received at Fundraising Event?				
Columbus	ОН	43215	O YES O NO					
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Iten	Description of Item or Service		D	Y	Fair Market Value		
City	Sta te OH	Zip Code	Receive		draising F	Event?		
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Iten	Description of Item or Service		M D Y Fair Market Value				
City	Stal te OH	Zip Code	Оче	S		NO		
Full Name of Contributor	Employer, Occup.	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Iter	n or Service	М	D	Y	Fair Market Value		
City	Stal te OH	Zip Code	O YE	S	annual designation of the same	NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registra	ation Nu	mber, if P	AC		
Street Address	Description of Iter	Description of Item or Service		D	Y	Fair Market Value		
City	Stal te OH	Zip Code	Receive O YE		draising I	Event?) NO		
ull Name of Contributor Employer, Occupation, Labor		ation, Labor Organization*			mber, if F			
Street Address	Description of Iter	Description of Item or Service		D	Y	Fair Market Value		
City	Stal te OH	Zip Code	O YE	ES	**************************************	I NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Iter	Description of Item or Service		M D Y Fair Market Value				
City	Sta _j te OH			Received at Fundraising Event? O YES NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Iter	Description of Item or Service		D	Y	Fair Market Value		
City	Sta te OH	Zip Code	Receiv		ndraising C	Event?		

^{*} 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)]