Page	1

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full  Figure 14. of Commell Polyopteers									
Friends of Cornell Robertson	1,5		<del></del>	To a					
Full Name of Contributor Charles Hill	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Item or Service			M	D	Y	Fair	r Market Value	
800 Aldengate Drive	Beverages			014	117			187.11	
City	State Zip Code			Received at Fundraising Event?					
Galloway	O   H   43119			✓ YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC								
Andy Beougher									
Street Address	Description of	of Ite	m or Service	M	D	Y	Fair	r Market Value	
5499 Constitution Blvd.	Bo	اتمتا	ing/Catering	0 4	117	7   1   1		900.01	
City	State		Zip Code	Received at Fundraising Event?					
Hilliard		Н	43026	l I	YES			ไทด	
Full Name of Contributor						L		]	
Full Name of Contributor	Employer, O	Employer, Occupation, Labor Organization * Registration				n Number. if PAC			
Street Address	Description of	of Ite	m or Service	M	D	ΙΥ	Fair	r Market Value	
	'			1 1			ŀ		
City	State	-	Zip Code	Receive	d at Fun	draising I	Scent?	,	
	I		Party Code		YES			NO	
Full Name of Contributor	Employer O	acura:	I	Panietr		nbor if P			
THE PARTY OF COMMISSION	Employer. Occupation. Labor Organization * Registration Number, if PAC								
Street Address	Description of	of Ite	m or Service	M	D	Y	Fair	r Market Value	
	Secretary and a server								
City	State		Zip Code	Receive	d at Fun	draising I	vent?	_	
					YES			NO	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC								
Street Address	Description of Item or Service			М	T D	Ту	Fair	r Market Value	
	is conjunction (	.,	in or believe	1 "i	Ιĭ	1 1	1		
City	State		Zip Code	Pagaire	d at Eus	draising I	Event <sup>o</sup>		
(Any	Jane		Zip Coue	Kecence	YES	diaising i		lno	
E 1131 - CO - 2	1		<u> </u>	<del>                                     </del>				]80	
Full Name of Contributor	Employer, O	ccup	ation. Labor Organization *	Registra	ition Nu	nber, if P	AC		
Street Address	Description of	Description of Item or Service		M	D	ΙΥ	Fair	r Market Value	
offeet / voices	Description	./1 110	iii oi service	"i	1 "i	1 ;	1 ""	THAIRCE TAIDE	
City.	Contract		IT. C. 4	D	3 at E a	1 1 4 . / . /			
City	State		Zip Code	Receive	_	draising F		¬	
			<u> </u>	<u> </u>	YES		٠	JNO	
Full Name of Contributor	Employer, O	ecup	ation. Labor Organization *	Registra	ation Nu	mber, if P.	AC		
Street Address	Description	of be	m or Service	M	l D	Y	Tenir	r Market Value	
Site (17 value 33	Description of Item or Service		"i	1 "	1 1	1, ""	i Market value		
Ci	6		Zip Code	15 .	1 . 5	1	0		
City	State		Zip Code	Receive	YES	draising E	_	]ท๐	
Full Name of Contributor	Employer A	00	ation Labor Organization *	Daniet-		mbar ir n		1	
Fun Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC								
Street Address	Description of Item or Service		M	D	Y	Fair	r Market Value		
	1			1 1		$\perp$			
City	State		Zip Code	Receive	d at Fun	draising 1	vent <sup>9</sup>	· · · · · · · · · · · · · · · · · · ·	
·					YES		_	ไทด	
T			1	1				-	

Page Total \$	1,087.12
_	

<sup>\*</sup> 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, it 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)]