

IN-KIND CONTRIBUTIONS

31-J-1
R.C. 3517.10

FOR PAPER FILING ONLY

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Contributions Received

by Secretary of State SOS

In-Kind Contributions Received

Name of Committee in Full				
People for Page				
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Mary Edwards	City	M	D	Y
Street Address	Description of Item or Service	0	6	1
1244 Erickson Road	Volunteer Appreciation Event	4	1	5
City	State	Zip Code	Received at Fundraising Event?	
Columbus	OH	43227	YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
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			YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			YES	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Y
City	State	Zip Code	Received at Fundraising Event?	
			YES	NO

* 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)]

Page Total \$ 600.00