## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee for Dave Lundregan				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Sharon Crowley				
Street Address	Description of Item or Service		M D Y	
3700 Carriage Run Drive	Website		10060	
City		Cip Code	Received at Fundraising	
Hilliard	O   H	43026	YES	✓ NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Bobbi Mueller				
Street Address	Description of Item or Service			Fair Market Value
5248 Windsock Court	Items for Open House			7 40.84
City		In Code	Received at Fundraising	
Hilliard	O [ H ]	43026	YES	✓ NO
Full Name of Contributor	Employer, Occupation	n, Labor Organization *	Registration Number, it	PAC
Bobbi Mueller				
Street Address	Description of Item or Service		1 1 1 1 1	Fair Market Value
5248 Windsock Court		Postage	0192180	
City		cip Code	Received at Fundraising	
Hilliard	O   H	43026	☐ YES	<b>₹</b> №0
Full Name of Contributor	Employer, Occupation	n, Labor Organization *	Registration Number, if	PAC
Angie Weber				
Street Address	Description of Item or Service		M D 5	Fair Market Value
4260 Abbey Chase Court	Postage		10120	
City		Zap Code	Received at Fundraising	
Hilliard	O   H	43026	☐ YES	<u>√</u> N0
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Carrie Collins			ļ	
Street Address	Description of Item or Service			Y Fair Market Value
5706 Tynecastle Loop	Items for Open House			0 7 6.41
City		Zip Code	Received at Fundraising	
Dublin	0   H	<u>43016</u>	YES	<u>√</u> N0
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
			<u> </u>	
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	State 2	Zip Code	Received at Fundraising	
			T AE?	<u> </u>
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
			1	
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	State 2	Zip Code	Received at Fundraising	
			YES 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 2	Zip Code	Received at Fundraisin	
	<u> </u>		YES	NO

Page Total \$ \_\_\_\_\_ 264.64 \[ \frac{1}{2} \]

<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, 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)]