In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
People for Page			
Full Name of Contributor	Ir10	arian Yahan Osaanianian A	Decide of the State
	Employer, Occupation, Labor Organization		Registration Number, if PAC
Mills for City Council Street Address	City Councilmember		N I B I V I I I I I I I I I I I I I I I I
	Description of Item or Service		M D Y Fair Market Value
545 East Town Street	mailing services		0 4 2 8 1 5 3,750.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	$O \mid H$	43215	YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC
Klein Committee	City Councilmember		
Street Address	Description of Item or Service		M D Y Fair Market Value
545 East Town Street		gal services	0 4 2 9 1 5 187.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	O H	43215	L_YESNO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC
Klein Committee	City Councilmember		
Street Address	Description of Ite	m or Service	M D Y Fair Market Value
545 East Town Street	consi	ulting services	0 4 2 9 1 5 5,875.00
City	State	Zip Code	Received at Fundraising Event?
Columbus	\cap \mid H	43215	YES NO
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
	1		☐ YES ☐ NO
Full Name of Contributor	Employer, Occum	ation, Labor Organization *	Registration Number, if PAC
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Street Address	Description of Item or Service		M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event?
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Full Name of Contributor	Employer Occur	ation, Labor Organization *	Registration Number, if PAC
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Street Address	Description of Item or Service		M D Y Fair Market Value
Succi Address	is scription of the	an or savice	
Cia.	State	Zip Code	Received at Fundraising Event?
City ⁻	State	Zip Code	YES NO
T HAVE A COLUMN TARREST AND THE STATE OF THE	E	arian I aban Orangianian B	Registration Number, if PAC
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if FAC
	D : : : : : : : : : : : : : : : : : : :		M D Y Fair Market Value
Street Address	Description of Item or Service		M D Y Fair Market Value
<u> </u>		Ta	
City	State	Zip Code	Received at Fundraising Event?
	 		YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC
<u> </u>	<u> </u>		
Street Address	Description of Item or Service		M D Y Fair Market Value
	ļ		
City	State	Zip Code	Received at Fundraising Event?
		<u> </u>	YES NO

Page Total \$ 9,812.00

^{*} 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)]