31-J-1	
R.C. 3517.10	

Page	1

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			- 1				
Citizens for Tom Kneeland							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registr	ration Number, if PAC			
Thomas R. Kneeland							
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value	
123 Serran Drive	Website		10111	215	114	105.92	
City	State Zip Code		Receive	d at Fund		vent?	
Gahanna	O I H 43230		1 [YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registr	ation Num	ber, if P/	AC	
					_		
Street Address	Description of Item	or Service	M	D	Y	Pair Market Value	
City	State Z	ip Code	Receive	ed at Fund	raising E	vent?	
				YES	_	□ мо	
Full Name of Contributor	Employer, Occupati	on, Labor Organization *	Registr	ation Num	ber, if PA	AC	
					•	-	
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value	
			lí	1	l 1		
City	State Z	lip Code	Rective	d at Fund	raising E	vent?	
,				YES	J	□NG	
Full Name of Contributor	Employer, Occupati	on, Labor Organization *	Registr	ation Num	ber, if PA	VC	
]				
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value	
			l li	1 1	1		
City	State Z	ip Code	Refeive	d at Fund	raising E	vent?	
J ^{~~} ,		•	1 1	YES	_	□ио	
Full Name of Contributor	Employer, Occupati	on, Labor Organization *	Registr	ation Num	ber, it PA	/C	
	Talle (i) Children						
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value	
anett products	Description of new or dervice				1 1	1	
City	State Zip Code		Receive	rd at Fund	raisine Er	vent?	
City			Πr	YES		No	
Full Name of Contributor	Employer Occupati	on Labor Organization *	Registr	ation Num	ber, if PA		
This rank of Communica	of Contributor Employer, Occupation, Labor Organization *						
Street Address	Description of Item	or Service	М	Ð	Y	Fair Market Value	
SHEEL Modiess	Description of them of dervice		Hi	l ï	1 i		
Cinn	State Z	ip Code	Receive	ed at Fund	raising Er	veni?	
City		ip code	$\prod \Gamma$	YES		Пио	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registr	ation Num	ber, if PA		
Lett Watte of Composition	Language, Geograpion, 12000 organization						
Street Address	Address Description of Item or Service		M	D	Y	Fair Market Value	
Street Modress	Description of near or service			1 1	l ı		
c:	State Z	lip Code	Heceive	-d at Fund	raising E	vent?	
City	I State	ap cooc		YES	.ug	□NG	
C DAY	Employer Operanti	on Labor Organization *	Registr		her if P/		
Full Name of Contributor Employer, Occupation, Labor Organization * Registration Number, if PAC							
6	Address Description of Item or Service		II M	Œ	Y	Fair Market Value	
Street Address			"	Ιű	;		
		Lip Code	Dana	d at Fund	raisina E	veni?	
City	State Z	up code		YES	aring C	МО	
			<u> </u>	J3			

Page Total \$ ____105.92_

^{*} 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)]