

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Baker for the Board</b>			
Full Name of Contributor <b>In-kind contriubutuion received at</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>a fundraising event - \$250 or less</b>	Description of Item or Service	M   D   Y <b>0   8   2   6   0   7</b>	Fair Market Value <b>250.00</b>
City	State   Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>In-kind contribution received at</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>a fundraising event - \$250 or less</b>	Description of Item or Service	M   D   Y <b>0   6   1   6   0   7</b>	Fair Market Value <b>250.00</b>
City	State   Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>In-kind contribution received at</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>a fundraising event - \$250 or less</b>	Description of Item or Service	M   D   Y <b>0   7   3   0   0   7</b>	Fair Market Value <b>122.00</b>
City	State   Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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)]