Page _	1

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Baker for the Board	<u> </u>						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
In-kind contriubutuion received at				r		<b>T</b>	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
a fundraising event - \$250 or less			0 8				250.00
City	State	Zip Code	Receive	d at Fundi	raising E		;
				YES		NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PA	AC	1
In-kind contribution received at	1						
Street Address	Description of Item or Service		м 0 6	D	Y	Fair Market Value	
a fundraising event - \$250 or less				1 6	0 7		250.00
City	State	Zip Code	Receive	d at Fund	raising E	vent?	;
			<b>✓</b>	YES		NO	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
In-kind contribution received at			1				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	
a fundraising event - \$250 or less	1	•		3 0	0/7	•	122.00
City	State	Zip Code	0 7 Receive	d at Fund		vent?	
		-	<b> </b>	YES		NO	,
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if P	AC	
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	;
			1		1		
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		NO	* .
Full Name of Contributor	Employer Occu	pation, Labor Organization *	Registra	tion Num	ber, if P.	AC	
Turi Name of Controllor	Employer, Occupation, Euror Organization		1		•		'
Street Address	Description of Item or Service		м	D	ΙΥ	Fair Market Value	;
Silect Addicss	Description of 1		1 "		1		,
City	State	Zip Code	Receive	d at Fund	raising F	vent?	
City		2.5 0000		YES	<b>-</b>	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	Registration Number, if PAC			
Tim Name of Contributor	Employer, occupation, Euror organization		rogisation rumber, it is to				
Street Address	Description of Item or Service		М	T D	ΙΥ	Fair Market Value	<u> </u>
Sueet Address					1		
City	State	Zip Code	Receive	d at Fund	raising F	Event?	
City		Zap cour		YES		NO	
Full Name of Contributor	Employer Occi	pation, Labor Organization *	Registra	tion Num	ber if P		
Full Name of Contributor	Employer, occi	ipation, Davor Organization	1,000,000		,		1
G:	Description of Item or Service		<del>-</del> М	D	Y	Fair Market Value	<u> </u>
Street Address	Description of item of Service		"			I all Market Value	•
	State	Tin Codo	Peceive	d at Fund	raicina F	Greent?	
City	State	Zip Code	Receive	YES	uaising i	NO	•
	Timber Compliant 1 1 - Compliant 1		D a minter	Registration Number, if PAC			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	HOU INUIL	ibei, ii F	AC	1
1				T 7-	W	Foir Marlest W-1	
Street Address	Description of Item or Service		M	D	<b>Y</b> .	Fair Market Value	
		Tai o i		<u> </u>		<u> </u>	
City	State	State Zip Code		Received at Fundraising Event?			
		_ i	<u> </u>	YES		NO	

Page Total \$ 622.00

<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)]