

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>NEW ALBANY FOR KIDS</b>				
Full Name of Contributor <b>TS 24/ TRAVEL SOLUTIONS, INC.</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>7775 WALTON PARKWAY, SUITE 100</b>		Description of Item or Service <b>PROVISION OF CONFERENCE ROOM FOR PHONE BANKS</b>		M   D   Y   Fair Market Value <b>0   9   0   4   1   2   \$4,500.00</b>
City <b>NEW ALBANY</b>		State <b>OH</b>	Zip Code <b>43054</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>JAMES T HUTTA, DDS, INC.</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>470 SILVER LANE</b>		Description of Item or Service <b>PAYMENT FOR YARD SIGNS</b>		M   D   Y   Fair Market Value <b>0   9   2   8   1   2   \$2,292.00</b>
City <b>GAHANNA</b>		State <b>OH</b>	Zip Code <b>43230</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>APRIL DOMINE</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>55 NORTH HIGH STREET</b>		Description of Item or Service <b>PAYMENT FOR STICKERS</b>		M   D   Y   Fair Market Value <b>1   0   0   7   1   2   \$115.66</b>
City <b>NEW ALBANY</b>		State <b>OH</b>	Zip Code <b>43054</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>GEORGE V. &amp; CHRISTY ARENSCHIELD</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>6911 HARLAN SQUARE</b>		Description of Item or Service <b>PAYMENT FOR THUNDERSTICKS</b>		M   D   Y   Fair Market Value <b>1   0   0   8   1   2   \$745.00</b>
City <b>NEW ALBANY</b>		State <b>OH</b>	Zip Code <b>43054</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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
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Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
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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 <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]