

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Protect Hilliard's Future				
Full Name of Contributor J Douglas Francis	Employer, Occupation, Labor Organization * City of Hilliard	Registration Number, if PAC		
Street Address 905 Cove Point Dr	Description of Item or Service Sign stakes	M 0	D 2	Fair Market Value 48.89
City Columbus	State O	Zip Code H 43228	Y 0	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor J Douglas Francis	Employer, Occupation, Labor Organization * City of Hilliard	Registration Number, if PAC		
Street Address 905 Cove Point Dr	Description of Item or Service Sign stakes	M 0	D 2	Fair Market Value 48.89
City Columbus	State O	Zip Code H 43228	Y 7	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor J Douglas Francis	Employer, Occupation, Labor Organization * City of Hilliard	Registration Number, if PAC		
Street Address 905 Cove Point Dr	Description of Item or Service Zip ties for signs	M 0	D 2	Fair Market Value 13.86
City Columbus	State O	Zip Code H 43228	Y 8	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Donald Schonhardt	Employer, Occupation, Labor Organization * City of Hilliard	Registration Number, if PAC		
Street Address 3750 Cemetary Rd	Description of Item or Service Sign supplies	M 0	D 2	Fair Market Value 16.29
City Hilliard	State O	Zip Code H 43026	Y 0	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Zip Code	Y	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	Fair Market Value
City	State	Zip Code	Y	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	Fair Market Value
City	State	Zip Code	Y	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	Fair Market Value
City	State	Zip Code	Y	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)]