31-	J-]	ŀ	
R.C.	351	١7.	10

## **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01.

Name of Committee in Full Baker for the Board								
Full Name of Contributor	Employer, Occum	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Ohio Democratic Party	' ' ' ' ' ' ' '	. •						
Street Address	Description of Ite	Description of Item or Service		D	ΙY	Fair Market Value		
271 E State St		Postage		3 1	017	2,257.29		
City	State				1   0   3   1   0   7   2,257.29     Received at Fundraising Event?			
Columbus	ОІН	43215	☐ YES ☑NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		Đ	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D 	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising F	vent?		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	ivent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?  YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising F	ivent?		

Page Total \$ 2,257.29

<sup>\*</sup> Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton 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)]