3	1-	J-	1	
R.	C.	35	17.	10

Page _	

## **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01

b	·					<del></del>	
Name of Committee in Full Carol Perkins for Columbus School Bo	Fre						
		ation Labor Organization *	Register	ion Numi	ber, if PA	C	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		aon num	oci, ií PA		
Ohio Democratic Party	<del> </del>		+	-	Tv.	Foir Marlest Value	
Street Address	Description of Item or Service		M	D		Fair Market Value	
271 E State St	Voter File Access			2 6		10,000.00	
City	State	Zip Code	Received		raising Ev		
Columbus	O : H	43215	4	YES		✓ NO	
Full Name of Contributor	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, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Received	d at Fundi YES	raising Ev	vent?	
Full Name of Contributor	Employer, (\ccupation, 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 Ev	vent?	
Full Name of Contributor	nme of Contributor Employer, Occupation, Labor Organiza		Registration Number, if PAC				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	Iraising Ev	vent?	
Full Name of Contributor	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	Iraising Ev	vent?	
Full Name of Contributor	Name of Contributor 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	State Zip Code		d at Fund YES	Iraising Ev	vent?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	Iraising Ev	vent?	
				YES		NO	

Page Total \$ 10,000.00

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