

FOR OFFICIAL USE ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF JANE FOX			
Full Name of Contributor Deborah Lutz		Employer, Occupation, Labor Organization*	
Street Address 6111 Karrer Place		Description of Item or Service See attached detail.	
City Dublin		State OH	
		Zip Code 43017	
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Steve Lutz		Employer, Occupation, Labor Organization*	
Street Address 6111 Karrer Place		Description of Item or Service See attached detail.	
City Dublin		State OH	
		Zip Code 43017	
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Jan Redman		Employer, Occupation, Labor Organization*	
Street Address 7101 Witchita Ct.		Description of Item or Service See attached detail.	
City Dublin		State OH	
		Zip Code 43017	
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Tim Redman		Employer, Occupation, Labor Organization*	
Street Address 7101 Witchita Ct.		Description of Item or Service See attached detail.	
City Dublin		State OH	
		Zip Code 43017	
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor Nancy S. St. Clair		Employer, Occupation, Labor Organization*	
Street Address 6164 Karrer Place		Description of Item or Service Postage stamps	
City Dublin		State OH	
		Zip Code	
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	
		Zip Code	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	
		Zip Code	
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH	
		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 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)]