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## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full  Botsko for Board				
Full Name of Contributor	Employer, Occupation	Lohar Organization*	Projectories Number is PAC	
Terri Botsko			Registration Number, if PAC	
Street Address	Description of Item or	Service	M D Y Fair Market Value	
2823 Honeysuckle Lane	Website domai	-	0 9 2 4 0 9 \$80.39	
City		p Code	Received at Fundraising Event?	
Hilliard		3026	O YES O NO	
Full Name of Contributor	Employer, Occupation	, Labor Organization*	Registration Number, if PAC	
Terri Botsko				
Street Address			M D Y Fair Market Value	
2823 Honeysuckle Lane	Campaign T-sh		1 0 0 9 0 9 \$204.96	
City		p Code	Received at Fundraising Event?	
Hilliard		3026	OYES ONO	
Full Name of Contributor	Employer, Occupation	, Labor Organization*	Registration Number, if PAC	
Terri Botsko				
Street Address	Description of Item or	Service	M D Y Fair Market Value	
2823 Honeysuckle Lane	Gum for hand of		1 0 1 2 0 9 \$26.52	
City		p Code	Received at Fundraising Event?	
Hilliard		3026	O YES O NO	
Full Name of Contributor	Employer, Occupation.	, Labor Organization*	Registration Number, if PAC	
Terri Botsko				
Street Address	Description of Item or Service		M D Y Fair Market Value	
2823 Honeysuckle Lane	Copies (flyers)		1 0 1 3 0 9 \$9.71	
City		p Code	Received at Fundraising Event?	
Hilliard		3026	OYES O NO	
Full Name of Contributor	Employer, Occupation,	, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or S	Service	M D Y Fair Market Value	
City		p Code	Received at Fundraising Event?	
	OH		OYES ONO	
Full Name of Contributor	Employer, Occupation,	, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or S	Zamina	M D Y Fair Market Value	
	Doguspuou or room or r	SELVICO	M D Y Fair Market Value	
City		p Code	Received at Fundraising Event?	
	OH		O YES O NO	
Full Name of Contributor	Employer, Occupation,	, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or S	Service	M D Y Fair Market Value	
City	State Zip	o Code	Received at Fundraising Event?	
	OH		OYES ONO	
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	
			1 an ivalise value	
City	1	Code	Received at Fundraising Event?	
	OH		Oyes O NO	

Page Total \$321.58

<sup>\*</sup> 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)]