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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del></del>					<u> </u>	
Community Partnership for Education								
Full Name of Contributor	Emplo	уег, Оссира	ation, Labor Organization *	Registration Number, if PAC				
Ohio Association of Public School Emplo			abor Org.	To good to the control of the contro				
Street Address	Descri	Description of Item or Service			Ð	Y	Fair Market Value	
6805 Oak Creek Drive		campaign robocalls			1 2	1 6	300.00	
City	7	State Zip Code			Received at Fundraising Event?			
Columbus	$\Box$	O H 43229			☐ YES ☑ NO			
Full Name of Contributor	Employ		ation, Labor Organization *	Registration Number, if PAC				
Ohio Education Association			abor Org.					
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
225 E Broad St		voter list			1 7	1 6	2,446.60	
City		State	Zip Code	Received at Fundraising Event?				
Columbus	0	O H 43216			☐ YES ☑ NO			
Full Name of Contributor	Employ	yer, Occupa	ation, Labor Organization *	Registration Number, if PAC				
Street Address	Descrip	Description of Item or Service			D 	Y	Fair Market Value	
City	<del>                                     </del>	State	Zip Code	Received	at Funds	aising Ev	ent?	
	1	i	,	· - · · · -			□ NO	
Full Name of Contributor	Employ	yer, Occupa	ation, Labor Organization *	Registration Number, if PAC				
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
City		State	Zip Code	Received	at Fundi	aising Ev	ent?	
					YES		□ №	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Descrip	Description of Item or Service			D I	Y	Fair Market Value	
City	<del>                                      </del>	State	Zip Code	Received	l at Funda	aising Ev	ent?	
Chy	'	I	Zap code		YES	aising Lv	□ NO	
Full Name of Contributor	Employ	ver Occum	ation, Labor Organization *	Registration Number, if PAC				
		,,,						
Street Address	Descrip	ption of Iter	m or Service	M	D	Y	Fair Market Value	
City		State	Zip Code	Received	at Funds	aising Ev	ent?	
		1			YES		□ NO	
Full Name of Contributor	Employ	yer, Occupa	ation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
<del></del>		a continue of them of but the						
City	1	State	Zip Code	Received	l at Fundi	aising Ev	ent?	
		1			YES		□ NO	
Full Name of Contributor	Employ	yer, Occupa	ation, Labor Organization •	Registration Number, if PAC				
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value	
City	State Zip Code			Received at Fundraising Event?				
		1			YES	-	□ NO	

<sup>•</sup> 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)]