31-J-1 R.C. 3517.10

Page	6

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

V 60							
Name of Committee in Full							
Committee to Elect Sue Ralph	-						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Sue Ralph							
Street Address	Description of Item or Service		M I	Y	Fair Market Value		
4090 Bayberry Ct.	Postage] [1 1 1	8	34.60	
City	State	Zip Code	Received at I	undraising E			
Upper Arlington	OIH	43220	☐ YE	_	[7] NO		
Full Name of Contributor		pation, Labor Organization *	Registration	Number if P	AC .		
Sue Ralph	, , , , , , , , , , , , , , , , , , , ,	,, = . 					
Street Address	Description of It	Description of Item or Service		Y	Fair Market Value		
4090 Bayberry Ct.	1 .	Printed Material				2.75	
City	State			1 2 0 8 1 6 3.75 Received at Fundraising Event?			
Upper Arlington		•					
Full Name of Contributor	O H	43220	☐ YE		✓ NO		
	Employer, Occur	pation, Labor Organization *	Registration	Number, if P.	AC		
Sue Ralph							
Street Address	Description of It		M E) Y	Fair Market Value		
4090 Bayberry Ct.	<u> </u> Electi	ion Night Event			15	52.35	
City	State	Zip Code	Received at I	undraising E	Vent?		
Upper Arlington	$O \mid H$	43220	YE:	S	☑ NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration :	Number, if P.	AC		
Street Address	Description of Item or Service		м	Y	Fair Market Value		
					Tan Market Ville		
City	State	Zip Code	Received at I	Sundeniain S	<u> </u>		
, i	1	Zip Code	YE.	_	No No		
Full Name of Contributor	E-plana Can	pation, Labor Organization *				******	
The state of Collaboration	Employer, Ocen	pation, Cabor Organization *	Registration	Number, II P.	AC		
Sircet Address	5 1 1 65	Description of Item or Service			·		
oneet Address	Description of it	em or Service	M	Y	Fair Market Value		
C.		<u> </u>		<u> </u>			
City	State	Zip Code	Received at I	-			
				YES V NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
			_]				
Street Address	Description of Item or Service		M E) Y	Fair Market Value		
City	State	Zip Code	Received at E	undraising E	vent?		
	1		YE:	S	✓ NO		
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration	Number, if P.	AC		
		, ,	""				
Street Address	Description of Item or Service		МГ) Y	Fair Market Value		
	la cochpillar of the	Service		í l i	an Market Value		
City	State	Zip Code	Received at E	<u> </u>	<u> </u>		
j-",	i	Zip Code	I —	_			
Full Name of Contributor	[D 1 0		☐ YE		□ NO		
i in Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration	Number, if P.	AC		
G I							
Street Address	Description of It	Description of Item or Service) Y	Fair Market Value		
City	State	Zip Code	Received at I	undraising E	Event?		
	_		YE.	3	☐ NO		

Page Total \$ 240.70

[•] 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)]