

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Sue Ralph</b>				
Full Name of Contributor <b>Sue Ralph</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>4090 Bayberry Ct.</b>		Description of Item or Service <b>Postage</b>		M   D   Y   Fair Market Value       <b>84.60</b>
City <b>Upper Arlington</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43220</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Sue Ralph</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>4090 Bayberry Ct.</b>		Description of Item or Service <b>Printed Material</b>		M   D   Y   Fair Market Value <b>1   2   0   8   1   6</b>   <b>3.75</b>
City <b>Upper Arlington</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43220</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Sue Ralph</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>4090 Bayberry Ct.</b>		Description of Item or Service <b>Election Night Event</b>		M   D   Y   Fair Market Value       <b>152.35</b>
City <b>Upper Arlington</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43220</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
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 
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
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 
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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)]