

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full M^cINTOSH FOR JUDGE COMMITTEE			
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?
		OH	<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer Occupation Labor Organization*	Registration Number if PAC
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City		State Zip Code	Received at Fundraising Event?
		OH	<input type="radio"/> YES <input type="radio"/> NO
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		OH	<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 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 [RC 3517 10(B)(4)]

Page Total **\$0.00**