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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friend of Carmen Malone							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Larry Malone, Jr			1	1			
Street Address	Description of Item or Service		M D	Y Fair Market Value			
5949 Hampton Corners North	T-shirts		0 9 1 3				
City	State	Zip Code	Received at Fund	· —			
Hilliard	<u>0 H</u>	43026	YES				
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Num	ber, if PAC			
Larry Malone, Jr							
Street Address		Description of Item or Service		Y Fair Market Value			
5949 Hampton Corners North	yard signs		0 9 3 0				
City	State	Zip Code	Received at Fund	· :			
Hilliard	OIH	43026	☐ YES				
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Chris & Diane Savage							
Street Address	Description of It	em or Service	M D	Y Fair Market Value			
5950 Hampton Cors N		Food	0 9 0 7	1 5 20.00			
City	State	Zip Code	Received at Fund	raising Event?			
Hilliard	$O \mid H$	43026	✓ YES	□NO			
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Num	ber, if PAC			
Chris & Diane Savage							
Street Address	Description of It	em or Service	M D	Y Fair Market Value			
5950 Hampton Cors N		Food	019 217	115 20.00			
City	State	Zip Code	Received at Fund				
Hilliard	\cap \mid H	43026	✓ YES	□×o			
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Num	ber, if PAC			
Brian & Denise Castle			İ				
Street Address	Description of It	em or Service	M D	Y Fair Market Value			
3194 Cassev St.		Food	019 017	115 10.00			
City	State	Zip Code	Received at Fund	raising Event?			
Hilliard		43026	✓ YES	□NO			
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Num	ber, if PAC			
Brian & Denise Castle		•] ~	-			
Street Address	Description of Item or Service		M D	Y Fair Market Value			
3194 Cassev St.	Food		019 217				
City	State	Zip Code	Received at Fund				
Hilliard	OIH	43026	✓ YES				
Full Name of Contributor		pation, Labor Organization *	Registration Num				
Pamela Lewis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,		,			
Street Address	Description of Item or Service		MID	Y Fair Market Value			
5949 Hampton Corners North	Food						
City	State Zip Code		0 9 0 7 1 5 20.00 Received at Fundraising Event?				
Hilliard	O TH	43026	✓ YES	∏NO			
Full Name of Contributor			Registration Num				
Pamela Lewis	Linpioya, Occup	Employer, Occupation, Labor Organization *		Included transfer it the			
Street Address	Denomination of them or Carin-		M D	Y Fair Market Value			
	Description of Item or Service		0 9 2 7	1 5 20.00			
5949 Hampton Corners North	State	Food Zip Code	Received at Fund				
ury Hilliard	State	43026	VYES	NO			

Page Total \$ 1,393.85

^{*} 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)]