In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full						
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	Sta te	Zip Code	Received at Fundraising Event?			
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	Sta te Zip Code		Received at Fundraising Event?			
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City	Sta te	Zip Code	Received at Fundraising Event?			
Full Name of Contributor	Employer, Occupa	Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive	d at Func	-	
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	Sta te	Zip Code	Received at Fundraising Event?			
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	Sta te	Zip Code	Receive	d at Fund	-	ivent?

Page Total \$

^{*} 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. [R.C. 3517.10(B)(4)]