

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
FRIENDS OF BASLER			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
MARY BRUNNEY	Homemaker		
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
5438 INFINITY CT.	FOOD/ITEMS FOR FUNDRAISER	0   9   1   5   1   1	\$353.97
City	Sta te   Zip Code	Received at Fundraising Event?	
Grove City	OH   43123	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
GENE SMITH	Retired		
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
4071 Tamarack	FOOD/ITEMS FOR FUNDRAISER	0   9   1   3   1   1	\$117.34
City	Sta te   Zip Code	Received at Fundraising Event?	
Grove City	OH   43123	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
BEV BASLER	Homemaker		
Street Address	Description of Item or Service	M   D   Y	Fair Market Value
1591 Whispering Oaks Circle	POSTAGE/FUNDRAISER SUPPLIES	0   9   1   3   1   1	413.80
City	Sta te   Zip Code	Received at Fundraising Event?	
NAPLES	FL   34110	<input checked="" 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	Sta te   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	Sta te   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	Sta te   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	Sta te   Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

\$ EUDN  
353.97

\* 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)]