

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Our Community Our Schools				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
One Call Now				
Street Address	Description of Item or Service	M	D	Y Fair Market Value
P.O. Box 596	Auto Calling	1	1	0/7 1/1 80.92
City	State	Zip Code	Received at Fundraising Event?	
Troy	OH	45373	<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	
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
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			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
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			<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)]