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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 Ocean	ation, Labor Organization *	Registra	tion Num	ber, if PA	i.C			
One Call Now	Employer, woods	Employer, Occupation, Lauti Organization			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
P.O. Box 596	A ₁	Auto Calling		017	1 1	Ì	80.92		
Cíty	State	State Zip Code			Received at Fundraising Event?				
Troy					☐ YES ✓ NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	ııı or Service	M	D I	Y	Fair Market Value			
City	State	Zip Code	Receive	d ar Fund YES	raising Ev	rent?			
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	C			
Street Address	Description of lie	m or Service	М	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		YES	Iraising F	Ои			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State !	State Zip Code		Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zíp Code	Receive	d at Fund YES	Iraising E	vent?			

Page Total S	80.92

^{*} 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)]