

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Carol Perkins for Columbus School Board				
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 271 E State St		Description of Item or Service Postage		M D Y Fair Market Value 1 0 3 0 0 7 2,257.29
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 271 E State St		Description of Item or Service Production Costs		M D Y Fair Market Value 1 0 3 1 0 7 11,200.00
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <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
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Street Address		Description of Item or Service		M D Y Fair Market Value
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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

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]