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## **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01-

Name of Committee in Full									
Carol Perkins for Columbus Sc	hool Board								
Full Name of Contributor		ion, Labor Organization *	Registration Number, if PAC						
Ohio Democratic Party		-	-						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
271 E State St		Postage	11101		017				
City				Received at Fundraising Event?					
Columbus	ОІНІ	43215	. —	YES	*	☑NO ·			
Full Name of Contributor	Employer, Occupati	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Ohio Democratic Party		•							
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value			
271 E State St	Produ	Production Costs		311	017	11,200.00			
City	State Z			Received at Fundraising Event?					
_ Columbus	O   H	43215		YES		Vo			
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value			
Cir.	la		1 1	<u> </u>	<u> </u>	<u></u>			
City	State Z	Cip Code	Received	at Fundi YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item	Description of Item or Service		D	Y	Fair Market Value			
City	State Z	ip Code	Received	at Funda YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item	Description of Item or Service		D 	Y	Fair Market Value			
Cîty	State Z	ip Code	Received	at Fundi	raising Ev	vent?			
·				YES	-	NO			
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item of	Description of Item or Service		D 	Y	Fair Market Value			
City	State Z	ip Code	Received	at Fundi YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item	Description of Item or Service		D 	Ý	Fair Market Value			
City	<del> </del>	ip Code	Received	at Funda YES	raising Ev	vem?			
Full Name of Contributor	Employer, Occupation	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
City	State Zi	ip Code	Received	at Funda YES	raising Ev	vent?			

<sup>\*</sup> Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton 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)]