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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

	Name of Committee in Full	-					
	Friends of Paul Lambert						
	Full Name of Contributor	dr. L. C.					
		Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	Hilliard Education Association PAC	Labor organization		none on file			
	Street Address	Description of Item or Service		M	D] Y	Fair Market Value
	5491 Scioto Darby Rd, Suite #001	Printing of post cards		1		<u> </u>	500.00
	City	State Zip Code		Received at Fundraising Event?			
~	Hilliard	$O \mid H$	43026		YES		МО
	Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	Street Address	Description of Item or Service		М	D	Y	Fair Market Value
				1 1			
	City	State	Zip Code	Receive	d at Fund	raising l	Event?
		1			YES		NO
	Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if P	AC .
				'			
	Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value
1		1		1 1	Lι	lт	
	City	State	Zip Code	Receive	d at Fund	raising l	Event?
	•		'		YES		NO
	Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber if P	
				Trans.			
	Street Address	Description of Ite	m or Service	H _M	D	Y	Fair Market Value
	buce names	Description of the	iii di Service	1 "	Ιĭ	Ιi	tm mact value
	City	State	Zip Code	Panaisya	d at Fund	micing I	I
	Cny 	Jule	Zip Code	Receive	YES	raising i	NO -
	Full Name of Contributor		l minu labor Ornanianian s	ID aniona		Las is D	-
	rui Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
		D ::: 61:			(B	T 1/	le: will will
	Street Address	Description of Item or Service		M	D	Y	Fair Market Value
		 	In:	<u> </u>	<u> </u>		
	City	State	Zip Code	Receive	d at Fund	raising I	
-		<u> </u>	<u> </u>	+ -	YES		NO
	Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	Street Address	Description of Item or Service		M,	Į D	Y	Fair Market Value
					<u> </u>		
	City	State	Zip Code	Receive	d at Fund	raising l	
_					YES		· NO _
	Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if P	AC
	Street Address			M	D	Y	Fair Market Value
	_						
	City	State	Zip Code	Receive	d at Fund	raising I	Event?
_			<u></u>		YES		NO
	Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
				Į			
	Street Address	Description of Item or Service		М	D	Y	Fair Market Value
				1	1		
	City	State	Zip Code	Receive	d at Fund	raising l	Event?
		1 1			YES		NO
_		•					

Page Total \$	500.00
-	

^{*} 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)]