In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Glaeden for Judge TillName of Contributor William Ireland Description of Them or Service Food / Beverages So 1.1berty Street Steen Address Description of Them or Service Food / Beverages So 1.2berty Street Steen Address Steen Address So 1.2bert Ago Code State Ago Code Steen Address Steen Address So 1.2bert Ago Code State Ago Code Steen Address Steen Address So 1.2bert Ago Code State Ago Code Sta			
Employer, Cocapulation, Labor Organization * Registration Number, if PAC	Name of Committee in Full		
William Ireland			ID decide at the ichard
Description of Item or Service Food / Beverages M D V Fair Manket Value 100.00		Employer, Occupation, Labor Organization *	Registration Number, if PAC
St Liberty Street			
State Zip Code A3215 Received at Fundratizing Event? No			
Columbus	85 Liberty Street		
Trull Name of Contributor	City		
Street Address Description of Item or Service N	Columbus	O H 43215	
Description of Item or Service	Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Description of Item or Service	Greggory Slemmer		
State Columbus O		Description of Item or Service	M D Y Fair Market Value
State	1188 S. High Street	Food/Beverages	0 6 1 1 0 9 100.00
Columbus H 43206			Received at Fundraising Event?
Full Name of Contributor		O H 43206	YES NO
		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Description of Item or Service		l l	
Title Street Food Beverages O 6 1 1 O 9 100.00	Street Address	Description of Item or Service	M D Y Fair Market Value
City Columbus Columbus City City City City City City City City			0 6 1 1 0 9 100.00
Columbus		State Zin Code	
Full Name of Contributor Robert Krapenc Robert Krapenc Robert Krapenc Robert Krapenc Robert Krapenc Robert Krapenc Description of Item or Service M			
Robert Krapenc Description of Item or Service M			
Street Address Description of Item or Service State Zip Code Columbus Tood/Beverages Description of Item or Service Tood/Beverages Description of Item or Service Tood/Beverages Description of Item or Service Description Number, if PAC Description Num		Employer, Occupation, Easter Organization	
Food Beverages 0 6 1 1 0 9 100.00		Description of Item on Consider	M D V Fair Market Value
State Zip Code A 3215 Zip Code A 32			
Columbus O H 43215 Full Name of Contributor Harvey Handler Street Address 4967 Smoketalk Lane City Columbus Full Name of Contributor Family Agree of Contributor Full Name of Contributor Family Street Address 4967 Smoketalk Lane City Columbus Full Name of Contributor Pam Erdy Street Address 4967 Smoketalk Lane Food/Beverages Food			
Full Name of Contributor Harvey Handler Street Address 4967 Smoketalk Lane City Columbus Full Name of Contributor Full Name of Contributor City Columbus Description of Item or Service State Zip Code O H 43215 Employer, Occupation, Labor Organization * Employer, Occupation, Labor Organization * Employer, Occupation, Labor Organization * Registration Number, if PAC Received at Fundraising Event? VES NO Registration Number, if PAC Registration Number, if PAC Pam Erdy State Zip Code O 7 0 7 0 9 State Zip Code O 7 0 7 0 9 State Zip Code O 7 0 7 0 9 State Zip Code O 7 0 7 0 9 State Zip Code O 7 0 7 0 9 State Zip Code O 7 0 7 0 9 State Zip Code State Zip Code State Zip Code State Zip Code O 7 0 7 0 9 State Address State Zip Code O 7 0 7 0 9 State Address State Zip Code O 7 0 7 0 9 State Address State Zip Code O 7 0 7 0 9 State Address State Zip Code O 7 0 7 0 9 State Address State Zip Code O 7 0 7 0 9 State Zip Code O 7 0 7 0 9 State State Zip Code O 7 0 7 0 9 St	8 -	1 -	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer, Occupation, Labor Organization *	Registration Number, if PAC
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1	1 -	
Columbus Columbus Columbus Full Name of Contributor Pam Erdy Street Address 4967 Smoketalk Lane City Street Address 283 S. Third Street Columbus Full Name of Contributor State City Columbus C	571 S. High Street	Food/Beverages	0 7 0 7 0 9 5/5.00
Full Name of Contributor Pam Erdy Street Address 4967 Smoketalk Lane Food/Beverages City Columbus Full Name of Contributor State Employer, Occupation, Labor Organization * Food/Beverages O 7 0 7 0 9 275.00 Received at Fundraising Event? O H 43081 Employer, Occupation, Labor Organization * Steve Larson Street Address Description of Item or Service Employer, Occupation, Labor Organization * Registration Number, if PAC Received at Fundraising Event? NO Registration Number, if PAC Steve Larson Street Address Description of Item or Service Food/Beverages O 7 0 7 0 9 275.00 A D Y Fair Market Value Food/Beverages O 7 0 7 0 9 275.00 Employer, Occupation, Labor Organization * Registration Number, if PAC State Zip Code Received at Fundraising Event? YES NO Registration Number, if PAC State Zip Code Received at Fundraising Event? YES NO Registration Number, if PAC State Zip Code Received at Fundraising Event? YES NO Registration Number, if PAC State Zip Code Received at Fundraising Event? YES NO Registration Number, if PAC State Zip Code Received at Fundraising Event? State Zip Code Received at Fundraising Event? Registration Number, if PAC			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		1 /	
Street Address $4967 \text{Smoketalk Lane}$ Description of Item or Service $Food/Beverages$ $10 7 0 9 0 9 0 275.00$ City $Food/Beverages$ Columbus Full Name of Contributor $Food/Beverages$ Steve Larson Street Address $Food/Beverages$ Description of Item or Service $Food/Beverages$ Third Street $Food/Beverages$ Description of Item or Service $Food/Beverages$ Third Street $Food/Beverages$ City $Food/Beverages$ City $Food/Beverages$ Full Name of Contributor $Food/Beverages$ Food/Beverages Description of Item or Service $Food/Beverages$ Full Name of Contributor $Food/Beverages$ Full Name of Contributor $Food/Beverages$ Food/Beverages Description of Item or Service $Food/Beverages$ Food/Beverages	Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Pam Erdy		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	1 · ·	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	4967 Smoketalk Lane	Food/Beverages	
Full Name of Contributor Steve Larson Street Address 283 S. Third Street City Columbus Full Name of Contributor State $ \begin{array}{cccccccccccccccccccccccccccccccccc$	<u> </u>		
Full Name of Contributor Steve Larson Street Address Description of Item or Service M Dolor Organization * Registration Number, if PAC Street Address Description of Item or Service M Dolor Organization * Registration Number, if PAC Street Address Description of Item or Service M Dolor Organization * Registration Number, if PAC State Zip Code Received at Fundraising Event? City State Zip Code Received at Fundraising Event? Woody Fox Street Address Description of Item or Service M Dolor Organization * Registration Number, if PAC Street Address Description of Item or Service M Dolor Organization * Registration Number, if PAC State Zip Code Received at Fundraising Event?	Columbus		YES NO
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer, Occupation, Labor Organization *	Registration Number, if PAC
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Steve Larson		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Description of Item or Service	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Food/Beverages	0 7 0 7 0 9 275.00
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	8		Received at Fundraising Event?
Full Name of Contributor Woody Fox Street Address 233 N. Bend Drive City Employer, Occupation, Labor Organization * Registration Number, if PAC M D Y Fair Market Value 0 7 0 7 0 9 525.00 Received at Fundraising Event?		1 1 1 1 12015	YES NO
			Registration Number, if PAC
	6		
233 N. Bend Drive Food/Beverages 0 7 0 7 0 9 525.00 City State Zip Code Received at Fundraising Event?		Description of Item or Service	M D Y Fair Market Value
City State Zip Code Received at Fundraising Event?	a contract of the contract of	4	1 1 1 1
City tooks			
	Pataskala	H 43062	Yes No

* Franklin County Court Appointee
* 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)]