31-J-1 R.C. 3517.10

Page _	18

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for Jolley	Tr. :			Tp ·	ian XI	Lan 100 1	C	
Full Name of Contributor	1 ' '	r, Occupa	tion, Labor Organization *	Registration Number, if PAC				
Leadership for Educational Equity - Fran				M		V	Fair Market Value	
Street Address	1 '	Description of Item or Service			D 115	Y 11E	1	
1805 7th Street NW, 8th Floor		Campaign Consulting			0 4 1 5 1 5 216.62 Received at Fundraising Event?			
City Washington	D Sta	ate C	Zip Code 20 <u>00</u> 1	Received	YES	ausing EV	vent?	
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Descripti	Description of Item or Service			Ð	Y	Fair Market Value	
City	Sta	ate	Zip Code		YES	raising Ev	□N0	
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Descripti	Description of Item or Service		M	D	Y	Fair Market Value	
City	Sta	ate	Zip Code	Received	d at Fundi YES	raising Ev	vent?	
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Descripti	Description of Item or Service		M	D	Y	Fair Market Value	
City	St.	ate	Zip Code	Receive	d at Fund YES	raising Ev	vent?	
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Descripti	Description of Item or Service		М	D	Y 	Fair Market Value	
City	Sta	ate	Zip Code	Receive	nt at Fund YES	raising E	N0	
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Descripti	Description of Item or Service		М	D	Y	Fair Market Value	
City	St	ate	Zip Code	Receive	d at Fund YES	Iraising E	vent?	
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Descript	Description of Item or Service		М	D	Ý	Fair Market Value	
City		State Zip Code		Received at Fundraising Event? YES NG				
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Descript	Description of Item or Service		М	D	Y	Fair Market Value	
City	St	tate	Zip Code	Receive	d at Fund YES	draising E	vent?	

^{*} 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)]