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## **In-Kind Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Ronald Plymale Ju	ıdae	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Matt Marshall	Owner	registration (various, if 1710
Street Address	Description of Item or Service	M D Y Fair Market Value
1105 West First Avenue	Dinner for Fundraiser @ Marshall's	0 9 2 3 1 0 \$162.25
City	State Zip Code	Received at Fundraising Event?
Columbus	OH 43202	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
E. Ray Critchit	LPA	registration (various, it is
Street Address	Description of Item or Service	M D Y Fair Market Value
	) '	
307 Donerail Ave	Dinner for Fundraiser @ Barcelona	0 6 2 3 1 D \$343.50  Received at Fundraising Event?
City	Stal te Zip Code OH 43065	
Powell		O YES O 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	Sta te Zip Code	Received at Fundraising Event?
	OH	1
Full Name of Contributor	Employer, Occupation, Labor Organization*	O YES O NO Registration Number, if PAC
Tall Name of Complotion	Employer, occupation, Endo organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
Silver rindress		
City	Sta te Zip Code	Received at Fundraising Event?
City	OH	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
rui Name (i) Controlator	Elliptoyer, Occupation, East, Organization	registation ramoei, a rive
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
Į.	OH <sub>.</sub>	O YES O 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?
1	OH	O YES O 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?
1	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
1		
Street Address	Description of Item or Service	M D Y Fair Market Value
	· ·	
City	Stal te Zip Code	Received at Fundraising Event?
<b>1</b>	OH I	OYES O NO
		O TES O NO

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]