I	Page	37
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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

					consolvered in trans	Selanos Navy Nicos A				
Name of Committee in Full Committee for Joseph W. Test										
Tall Name of Contributor	- C1-	Endow Counting I I Counting I				ID TO THE TOTAL OF				
Full Name of Contributor Richard Hillis Street Address 17 5. High St., Site 245		Employer, Occupation, Labor Organization*			Registration Number, if PAC					
Street Address		Description of Item or Service			D	Y	Fair Market Value			
17 5. High St., Site 245		Food & Beverese			1		6 1, 132-11			
City		Sta te Zip Code				Received at Fundraising Event?				
Colombo		0 4 43215				YES NO				
Full Name of Contributor		Employer, Occupation, Labor Organization*				Registration Number, if PAC				
G A 1.1	Description of Item or Service				In	1 37	T-1-14-1-1771			
Street Address	Description of them of Service			M		Y	Fair Market Value			
City	Sta te Zip Code			Received at Fundraising Event?						
				□ vrc □ vo						
E IIIV				☐ YES ☐ 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	Receive	d at Fun	draisin	g Event?			
				□ YES	,		7 NO			
Full Name of Contributor	Employe	r Occurat	ion Labor Organization*	NAME OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER, WHEN PERSON	GROSSING COMPANY		∟ NO FPΔ <i>C</i>			
Fan 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	Receive	d at Fun	draisin	g Event?			
				☐ YES	,		□ NO			
Full Name of Contributor		r Occupat	ion, Labor Organization*							
Full Name of Contributor		Employer, Occupation, Labor Organization				Registration Number, if PAC				
Street Address	Description	on of Item	or Service	M	D	Y	Fair Market Value			
City	Sta	te	Zip Code	Receive	at Fun	draisin	g Event?			
					,		¬ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization*			☐ YES ☐ NO Registration Number, if PAC						
Full Name of Contributor		Employer, Occupation, Labor Organization			Registration Number, in TAC					
Street Address	Description of Item or Service			M	D	Y	Fair Market Value			
City	Str	te	Zip Code	Receive	l at Fun	draisin	g Event?			
Sily	0"		Zip Code							
				☐ YES		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	□ 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			
							A-MINOCODA			
City	Str	te	Zip Code	Receive	d at Fur	draisin	g Event?			
			Zip Gode	☐ YE			□ NO			
Full Name of Contributor	Employe	Registration Number, if PAC								
		, , , , , , , , , , , , , , , , , , , ,								
Street Address	Description of Item or Service			M	D	Y	Fair Market Value			
City	C+	te	Zip Code	Receive	l de Fur	draicin	g Event?			
y]``	2.p code							
				☐ YE	3		□ NO			

Page Total \$ 1, 132-11

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]