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R.C.	. 35	17.	10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·						
Our Community Our Schools							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Thomas Lynch							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	1
722 Winmar Pl. W.	Pavpal mobile card		0 9			<u> </u>	21.48
City	State	Zip Code		l ar Fundi	raising Ev		
Westerville	О Н	43081		YES		√ 20	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ion Num	ber, if PA	rC.	
Ohio Education Association					<u></u>		
Street Address	I '	Description of Item or Service		D	Y	Fair Market Value	
225 E. Broad Street	In-K	In-Kind Voter List		2 3			,709.70
City	State	Zip Code		las Fund	raising Ev		
Columbus	<u> </u>	43215		YES		₹80 -	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PA	/C	
Leslie M. Klenk						_	
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value	
210 Nottingham court		Postage	1 0	1 3	1 6		9.40
City	State	Zip Code	Receive	lar Fund	raising Ev		
Westerville	O H	43081		YES		☑ xo	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PA	NC .	
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value	
					}		
City	State	Zip Code	Receive	d at Fund	raising E	veni ⁹	Ì
	1			YES		∐so	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
							_
Street Address	Description of h	Description of Item or Service		D	Y	Fair Market Value	:
			\	l			
Cuy	State	Zip Code	Receive	d at Fund	raising E	yeat?	
				YES		<u> </u>	
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Number, if PAC				
	ļ		-				
Street Address	Description of Item or Service		M	Ð	Y	Fair Market Value	:
					1		
City	State	Zip Code	Receive	d at Fund	raising E	vent?	-
	Į	'		YES		□ × 0	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Valu	:
	Description of them of the		ļ				
City	State	Zip Code	Receive	alan Funç	Iraising E	\ent ³	
		,		YES		□NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
, an ivane of controller		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	e
					1		
City	State	Zip Code	Receive	vlat Func	traising E	vent ⁹	
				YES	-	□so	
	,	·	1	_			

^{*} 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)]