31 -J -1	
R.C. 3517.10	

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Eddie Pfau							
Full Name of Contributor	Employer Occ		ID agrictor	ia- Nur	- icp		
Eddie Pfau	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		114	I B	Ιν	Ir-i-Madaa Vata	
3061 Indianola Aveune, Apt F	1 '		M	l D	Y 1 1	Fair Market Value	
City	Printing State Zip Code		1 0 2 2 1 4 305.00 				
Columbus	O H	Zip Code 43202	Kecewe	YES	rraising t	√No vent/	
Full Name of Contributor		upation, Labor Organization *	Peristra	ation Nun	nher if P		
Jan Fame & Company	Lampioyer, Occi	apador, Lator Organization	Kegisua	ation Nui	noei, n r	AC	
Street Address	Description of Item or Service		М	D 	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	traising F		
		<u> </u>		YES		∐no	
Full Name of Contributor	Employer, Occi	upation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Func	traising E		
				YES		N0	
Full Name of Contributor	Employer, Occupation, Labor Organization •		Registra	ation Nun	aber, if P	AC	
Street Address	Description of Item or Service		M	Q	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	traising E	Nem²	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Nun	nber, if P	AC	
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	traising E	vent?	
				YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization •		Registration Number, if PAC				
Street Address	Description of I	tem or Service	м 	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	Iraising E	vent?	
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	Receive	d at Fund YES	traising E	vent?	
Full Name of Contributor	Employer, Occupation, Labor Organization •		Registra	ation Nun	iber, if P.	AC	
Street Address	Description of Item or Service		М	D 	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	traising E	ivent?	

Page Total \$	305.00

[•] 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)]