

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

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|---|--|---|--------------------------|
| Name of Committee in Full <i>FIZILENCELSA MCGIRADY</i> | | | |
| Full Name of Contributor <i>CORNELIUS MCGIRADY</i> | | Employer, Occupation, Labor Organization* | |
| Street Address <i>8675 KINGSLY DR</i> | | Description of Item or Service <i>CAMP SIGH MOILER</i> | |
| City <i>REYNOLDSBURG</i> | | State <i>OH</i> | Zip Code <i>43068</i> |
| | | Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | |
| Street Address | | Description of Item or Service | |
| City | | State | Zip Code |
| | | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | |
| Street Address | | Description of Item or Service | |
| City | | State | Zip Code |
| | | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | |
| Street Address | | Description of Item or Service | |
| City | | State | Zip Code |
| | | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | |
| Street Address | | Description of Item or Service | |
| City | | State | Zip Code |
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| Street Address | | Description of Item or Service | |
| City | | State | Zip Code |
| | | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | |
| Street Address | | Description of Item or Service | |
| City | | State | Zip Code |
| | | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | |
| Street Address | | Description of Item or Service | |
| City | | State | Zip Code |
| | | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* | |
| Street Address | | Description of Item or Service | |
| City | | State | Zip Code |
| | | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

* 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)]

1,401.23
Page Total \$ _____