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In-Kind Contributions Received

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Prescribed by Secretary of State 3/05

Name of Committee in Full							
Prairie Township Firefighters Associat	tion Comn	uttee	В	tion No.	har 'ën		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Kegistra	tion Num		N/A	
Prairie Twp. Professional Firefighters	Local 2985 Description of Item or Service		М	D	I Y	Fair Market Value	
Street Address P. O. Box 93	Signs		$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$,	10	1	
P. O. DOX 93	State			d at Fundi		vent?	
Gallowav	O I H	1 *] YES		✓ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Numb				ber, if PA	AC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State Zip Code		Receive	Received at Fundraising Event? YES NO			
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC				AC		
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code		ed at Fund 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	State	Zip Code	Receive	ed at Fund YES	Iraising E	event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	ed at Fund YES	draising E	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registr	Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receiv	ed at Fund YES	draising F	Event?	
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization •		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receiv	ed at Fund YES	draising E	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registr	Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receiv	ed at Fun	draising I	Event?	

Page Total \$ ____326.73

^{*} 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)]