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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full										
Committee to Save Senior Services			ition, Labor Organization *	ъ .		i 'en '	· C			
Full Name of Contributor		Registration Number, if PAC								
Vicki Leonard	Fran	М	D		·					
Street Address	Descripti	Description of Item or Service				Y	Fair Market Value			
3006 Representation Terr	Food	Food at Campaign Meeting				0 7		80.99		
City		State Zip Code			Received at Fundraising Event?					
Columbus		\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 43207			YES		√ NO			
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Kevin Kinkaid		Franklin Cty Off on Aging								
Street Address		Description of Item or Service				Y	Fair Market Value			
			ampaign Meeting	1 0	1 7	0 7		35.00		
119 W. Main Street		State Zip Code			Received at Fundraising Event?					
City	l l	H	43011	T	YES		✓NO			
Centerburg	10			Pagistro		har if D				
Full Name of Contributor		Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Kevin Kincaid	Frai	Franklin Cty Off on Aging Description of Item or Service				M D Y Fair Market Value				
Street Address			м 1 0	D 1 7	Y		77 00			
119 W. Main Street	Food	Food at Campaign Meeting				0 7		7.89		
City	St		Zip Code	Receive	1	Iraising E				
Centerburg		H	43011		YES		✓NO			
Full Name of Contributor	Employe	Registration Number, if PAC								
Street Address	Description of Item or Service			М	D	Y	Fair Market Value			
City	St	ate	Zip Code	Receive	d at Func	Iraising E	vent?			
City		1			YES		□NO			
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Tun Name of Controllor	Employer, Cocapation, Eucot Cigamenton				1					
Street Address	Descript	Description of Item or Service				ΙΥ	Fair Market Value			
Street Address		Description of Rein of Service			D					
		ate	Zip Code	Receive	d at Fund	Iraising E	vent?			
City	30	l	Zip Code	I Control	l yes	naising 2	Πno			
		Registration Number, if PAC								
Full Name of Contributor	Employe	Registration Number, if FAC								
					M D Y Fair Market Value					
Street Address	Descript	Description of Item or Service			D	Y	Fair Market Value			
				1		سنبا	<u> </u>			
City	St	tate	Zip Code	Receive	٦.	draising E	اسب			
					YES		NO			
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Descript	Description of Item or Service			D	Y	Fair Market Value			
City	S	tate	Zip Code	Receive	d at Fund	draising E	vent?			
City				YES NO						
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
run Name of Controllion	Linploy					,				
Co A LL	Denoring	Description of Item or Service			D	Y	Fair Market Value			
Street Address	Describ				1 1	1	. C. Ividikot value			
			Ta:- C-1.	Daniel I	d at E	drojnia a T	L Sugart?			
City	l S	tate	Zip Code	Keceive	_	draising E				
1		1			YES		∐ио			

Page Total \$ 123.88

^{*} 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)]