

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Save Senior Services			
Full Name of Contributor Vicki Leonard	Employer, Occupation, Labor Organization * Franklin Cty Off on Aging	Registration Number, if PAC	
Street Address 3006 Representation Terr	Description of Item or Service Food at Campaign Meeting	M D Y 1 0 1 6 0 7	Fair Market Value 80.99
City Columbus	State Zip Code O H 43207	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Kevin Kinkaid	Employer, Occupation, Labor Organization * Franklin Cty Off on Aging	Registration Number, if PAC	
Street Address 119 W. Main Street	Description of Item or Service Food at Campaign Meeting	M D Y 1 0 1 7 0 7	Fair Market Value 35.00
City Centerburg	State Zip Code O H 43011	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Kevin Kincaid	Employer, Occupation, Labor Organization * Franklin Cty Off on Aging	Registration Number, if PAC	
Street Address 119 W. Main Street	Description of Item or Service Food at Campaign Meeting	M D Y 1 0 1 7 0 7	Fair Market Value 7.89
City Centerburg	State Zip Code O H 43011	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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	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 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)]

Page Total \$ 123.88