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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3 05

Name of Committee in Full Citizens for Burriss		· · · · · · · · · · · · · · · · · · ·					
Full Name of Contributor	Employer, Occupation, Labor Organization * Registra			tion Num	her if DA	<u> </u>	
Pat Hadler	Employer, Occup	ation, Labor Organization	Registra	non rum	oei, ii i A		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
1921 Suffolk Rd	Event Expense		0 9	$1 \overline{7}$	1 7	250.00	
City	State Zip Code		Received at Fundraising Event?				
Columbus	ОН	43221		YES	Č	NO	
Full Name of Contributor	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	Receive	d at Fundi YES	raising Ev	ent?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent <sup>9</sup> NG	
Full Name of Contributor	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	Receive	d at Fund YES	raising Ev	/ent <sup>9</sup> NO	
Full Name of Contributor	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	Receive	d at Fund YES	raising Ev	/ent?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Ŷ	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?	
Full Name of Contributor	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	Receive	d at Fund YES	raising Ev	vent?	

Page Total \$	250.00
	250.00

<sup>\*</sup> 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)]