

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Elect Natalie R. Coles			
Full Name of Contributor Natalie R. Coles	Employer, Occupation, Labor Organization* UNCF	Registration Number, if PAC	
Street Address 548 Northview Drive	Description of Item or Service Yard Signs	M D Y 1 0 2 5 1 1	Fair Market Value \$797.74
City Bexley	State OH	Zip Code 43209	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Natalie R. Coles	Employer, Occupation, Labor Organization* UNCF	Registration Number, if PAC	
Street Address 548 Northview Drive	Description of Item or Service Website Renewal Fee	M D Y 1 0 3 0 1 1	Fair Market Value \$8.99
City Bexley	State OH	Zip Code 43209	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Natalie R. Coles	Employer, Occupation, Labor Organization* UNCF	Registration Number, if PAC	
Street Address 548 Northview Drive	Description of Item or Service Photography Fee	M D Y 1 2 0 7 1 1	Fair Market Value \$150.00
City Bexley	State OH	Zip Code 43209	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Natalie R. Coles	Employer, Occupation, Labor Organization* UNCF	Registration Number, if PAC	
Street Address 548 Northview Drive	Description of Item or Service Creative Expenses	M D Y 1 2 1 3 1 1	Fair Market Value \$250.00
City Bexley	State OH	Zip Code 43209	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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)]

Page Total \$1,206.73