## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Friends of Kathleen Walsh									
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Kathleen Walsh						•			
Street Address	Description of Item or Service			М	D	Y	Fair Market Value		
4444 Winchester Pike	Website/GoDaddy			1018	1 1	1 5	119.88		
City	State Zip Code			Received at Fundraising Event?					
Columbus	0 1	H	43232		YES		□ NO		
Full Name of Contributor	Employer, O	ation, Labor Organization	Registration Number, if PAC						
Kathleen Walsh									
Street Address	Description of Item or Service			М	D	Ÿ	Fair Market Value		
4444 Winchester Pike	YardSig	YardSign/JustYardSigns			1 6	1   5	265.00		
City	State		Zip Code		d at Fund				
Columbus	$0 \mid 1$	H	43232		YES		□ NO		
Full Name of Contributor	Employer, O	ation, Labor Organization *	Registration Number, if PAC						
Street Address	Description of	Description of Item or Service			D	Y	Fair Market Value		
				<u> </u>	<u> </u>				
City	State		Zip Code	1 _	d at Fund	raising E			
					YES		□ NO -		
Full Name of Contributor	Employer, O	Registration Number, if PAC							
Street Address	Description of Item or Service			M	D	Y	Fair Market Value		
				<u> </u>			<u> </u>		
City	State		Zip Code	1	d at Fund YES	raising l	ivent?		
Full Name of Contributor	Employer, O	ation, Labor Organization *	Registration Number, if PAC						
Street Address	Description of Item or Service			М	Б	10	Fair Market Value		
Succe Maness	Description	Description of item of Service			Ιĭ		THE PROPERTY AND		
City	State		Zip Code	Receive	d at Fund	raising I	l Event?		
<b></b> ,	1			1 .	YES		□ NO		
Full Name of Contributor	Employer, O	Employer, Occupation, Labor Organization *				Registration Number, if PAC			
1	' ' '	•							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value		
							1		
City	State		Zip Code	Receive	d at Fund	raising I	vent?		
	1 1				YES		□ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization			Registration Number, if PAC					
Street Address	Description of Item		m or Service	M	D	ΙΥ	Fair Market Value		
					Ì				
City	State		Zip Code	1	d at Fund	raising I	Event?		
				☐ YES · ☐ NO					
Full Name of Contributor	Employer, O	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Service		m or Service	М	D	Y	Fair Market Value		
							1		
City	State		Zip Code	Receive	d at Fund	haising l	Event?		
					YES		□ NO		

Page Total 5 384.88

<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)]