31-	J-1	
R C	3517	10

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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Lori M. Tyack	<u>, -</u>							
Full Name of Contributor	[Employe	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Ruth Rankin	Limpioy		Teacher	Neglonanon Numoci, a FAC				
Street Address	Descript	Description of Item or Service			D	Y	Fair Market Value	
2432 Wyncourney Ct.	Descrip	Food and Drink		M   1   1				
City	State Zap Code			Received at Fundraising Event?				
Powell		H	43065	1 5	YES	_	NO	
Full Name of Contributor	Employe	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Descript	Description of Item or Service		M	D	Y	Fair Market Value	
City	Si	State Zip Code			Received at Fundraising Event?  YES  NO			
Full Name of Contributor	Employe	er, Occupa	ation, Labor Organization *	Registi	Registration Number, if PAC			
Street Address	Descript	non of Ite	m or Service	M	D	Y	Fair Market Value	
City	Si	tate	Zıp Code	Receiv	ed at Fun YES	draising E	Event?	
Full Name of Contributor	Employe	er, Occup	ation, Labor Organization *	Registration Number, if PAC				
Street Address	Descrip	Description of Item or Service		M	D	Y	Fair Market Value	
City	S	tate	Zıp Code	Receiv	ed at Fun	draising I	Event?	
Full Name of Contributor	Employ	er, Occup	ation, Labor Organization *	Registi	Registration Number, if PAC			
Street Address	Descrip	Description of Item or Service		М	D	Y	Fair Market Value	
City	S	State Zip Code		Received at Fundraising Event?  YES NO				
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Descrip	Description of Item or Service		M	D	Y	Fair Market Value	
City	S	tate	Zıp Code	_	ed at Fur	draising I	Event?	
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Descrip	Description of Item or Service		M	D	, Y	Fair Market Value	
City	S	tate	Zıp Code	Receiv	ed at Fur	draising I	Event?	
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization * Registration Number, if PAC			PAC			
Street Address	Descrip	Description of Item or Service		М	D	Y	Fair Market Value	
City	S	tate	Zıp Code	Recen	ed at Fur	draising l	Event?	

<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)]