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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

				_			
Name of Committee in Full							
IT							
Employer, Occupation, Labor Organization		Registration Number, II FAC					
Description of Item or Service		М	D	Y	Fair Market Value		
Fugs							
State				raising E	vent?		
Employer, Occupation, Labor Organization		Registration Number, it 1 AC					
Description of Item or Service		M	D 	Y	Fair Market Value		
State	Zip Code	_		raising E	vent?		
Employer, Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Description of Item or Service		М	D	Y 	Fair Market Value		
State	Zip Code			raising E	vent?		
Employer, Occu	Registrat	ion Num	ber, if P	AC			
Description of Item or Service		М	D	Y	Fair Market Value		
State 	Zip Code			raising E	ivent?		
Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Description of Item or Service		М	D	Y	Fair Market Value		
State	Zip Code	Received	at Fund YES	lraising E	ivent?		
Employer, Occupation, Labor Organization * Registration Number, if PAC				AC			
Description of Item or Service		М	D	Y	Fair Market Value		
State	Zip Code	Received	at Fund YES	Iraising F	Event?		
Employer, Occupation, Labor Organization		Registration Number, if PAC					
Description of Item or Service		М	D	Y	Fair Market Value		
State Zip Code		Received at Fundraising Event?  YES NO					
Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Description of Item or Service		М	D	Y	Fair Market Value		
State	Zip Code	Receive	d at Fund YES	traising I	Event?		
	Description of It  State  Employer, Occur  Description of It	Employer, Occupation, Labor Organization *  Description of Item or Service  State   Zip Code    Employer, Occupation, Labor Organization *  Description of Item or Service  State   Zip Code    Employer, Occupation, Labor Organization *  Description of Item or Service  State   Zip Code    Employer, Occupation, Labor Organization *  Description of Item or Service  State   Zip Code    Employer, Occupation, Labor Organization *  Description of Item or Service  State   Zip Code    Employer, Occupation, Labor Organization *  Description of Item or Service  State   Zip Code    Employer, Occupation, Labor Organization *  Description of Item or Service  State   Zip Code    Employer, Occupation, Labor Organization *  Description of Item or Service	Employer, Occupation, Labor Organization * Registrat  Description of Item or Service	Employer, Occupation, Labor Organization * Registration Num  Description of Item or Service	Employer, Occupation, Labor Organization * Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising E YES  Employer, Occupation, Labor Organization * Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising E YES  Employer, Occupation, Labor Organization * Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising E YES  Employer, Occupation, Labor Organization * Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising E YES  Employer, Occupation, Labor Organization * Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising E YES  Employer, Occupation, Labor Organization * Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising I YES  Employer, Occupation, Labor Organization * Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising I YES  Employer, Occupation, Labor Organization * Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising I Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising I Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising I Registration Number, if P. Description of Item or Service M D Y  State Zip Code Received at Fundraising I Registration Number, if P. Description of Item or Service M D Y		

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<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)]