In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Tara M Crawford Street Address 180 Woodsview Dr City Canal Winchester					
Street Address	Description of Item or Service		MDD	Y Fair Market Value	
180 MOODENIEM DL	Food for fundraiser State Zip Code		0928	1 1 4 250	
City	State OH	Zip Code	Received at Fundr	aising Event?	
Canal Winchester	101.0		YES O NO		
Full Name of Contributor	Employer, Occi	apation, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or Service		M D	Y Fair Market Value	
<u></u>					
City	Star te	Zip Code	Received at Fundr	aising Event?	
\	OH		OYES	O 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		
	{		12.5		
City	Sta te	Zip Code	Received at Fundr	aising Event?	
}	OH		OYES	О NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Numb	er, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value		
<u> </u>		_ 			
City	Star te	Zip Code	Received at Fundra	aising Event?	
	OH		OYES O NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Numb	er, if PAC	
Street Address	Description of Item or Service		M D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundra	nising Event?	
	OH		OYES	O 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	Zip Code	Received at Fundra	aising Event?	
	OH		O YES	O NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Numb		
	ł				
Street Address	Description of Item or Service State Zip Code OH Employer Occupation Labor Organization*		M D	Y Fair Market Value	
City			Received at Fundraising Event?		
Call Marie of Contributes			OYES NO Registration Number, if PAC		
Full Name of Contributor	Shiptoyet, Occu	Employer, Occupation, Labor Organization*			
Street Address	Description of Item or Service		M D	Y Fair Market Value	
	1				
City	Sta te	Zip Code	Received at Fundra	ising Event?	
	OH	1	OYES	O NO	

Page Total \$0.00

^{*} 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)]