## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

| Name of Committee in Full  Committee in Full  Committee in Full  Committee in Full  Employer, Occupation, Labor Organization*  Registration Number, if PAC |  |  |   |                             |                                  |  |
|--|--|--|---|-----------------------------|----------------------------------|--|
| Full Name of Contributor   |  | tion, Labor Organization*  | Dagistrati                                | ioa Numbe                   | - iEDAC                          |  |
| 16. Sussan Corbin  | Lampioyer, Occupa                          | под Саки Огранияной  | Registian                                 | iou reinec                  | i, ii rac                        |  |
| Street Address   |  | Description of Item or Service   |   | D                           | Y Fair Market Value              |  |
| 4460Hoover Roses   | Food Arongo Fundaction                     |  | 11  | 5/1/                        | Y Fair Market Value              |  |
| City Coros a Cothy   | Sta te Zip Code                            |  | Received at Fundraising Event?            |                             |                                  |  |
| Full Name of Contributor   | Employer, Occupat                          | tion, Labor Organization®  |   | on Numbe                    |                                  |  |
| Mercy Ci Combin  |  |  |   |                             |                                  |  |
| Street Address 44604001010   | Description of Item                        | or Service  The first of the service with the service of the servi | M   | 2 ( )                       | Y Fair Market Value              |  |
| City   | Sta te                                     | Zip Code   | Received                                  | at Fundrai                  | sing Event?                      |  |
| Full Name of Contributor   |  |  | DO YES                                    | on Numbe                    | ⊔ NO                             |  |
| Lucy Ci Con Controller  Street Address   | Employer, Occupat                          | tion, Labor Organization*  | Kegistran                                 | on Numbe                    | r, ii PAC                        |  |
| Street Address   | Description of Item                        | or Service   | M   | n I                         | V Fair Market Value              |  |
| 4d 60 40019 Roch   | (and a                                     | Zip Code   | 1 1                                       | 211                         | Y Fair Market Value              |  |
| City   | Sta te                                     | Zip Code   | Received                                  | at Fundrai                  | sing Event?                      |  |
| Correct Cast of  | 04   | 43003  | K VES                                     | C 99 (                      | sing Event?                      |  |
| Full Name of Contributor   |  | tion, Labor Organization*  | Registrati                                | on Number                   | r, if PAC                        |  |
| Street Address   |  |  | J <b>5</b>                                |                             | ,                                |  |
| Street Address   | Description of Item                        |  | M   | D,                          | Y Fair Market Value              |  |
| 4460 Hooves Pa   | State   Project Fordings & State   13 (23) |  |   |                             | Fair Market Value 5              |  |
| City   | Sta te                                     | Zip Code   | Received                                  | at Fundrais                 | sing Event?                      |  |
| Full Name of Contributor   | 34 43(2)                                   |  | Received at Fundraising Event?  DYYES DNO |                             |                                  |  |
| 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   | Sta te                                     | Zip Code   | Received                                  | at Fundrais                 | sing Event?                      |  |
|  |  |  |   | □ YES □ NO                  |                                  |  |
| Full Name of Contributor   | Employer, Occupat                          | Employer, Occupation, Labor Organization*  |   | Registration Number, if PAC |                                  |  |
|  |  |  |   |                             |                                  |  |
| Street Address   | Description of Item                        | Description of Item or Service   |   | D                           | Y Fair Market Value              |  |
|  |  |  |   |                             |                                  |  |
| City   | Sta te                                     | Zip Code   | Received                                  | at Fundrais                 | ing Event?                       |  |
|  | L  |  | ☐ YES                                     |                             | □ NO                             |  |
| Full Name of Contributor   | Employer, Occupation, Labor Organization*  |  | Registration Number, if PAC               |                             |                                  |  |
|  |  |  |   |                             |                                  |  |
| Street Address   | Description of Item                        | or Service   | М   | D                           | Y <sub>i</sub> Fair Market Value |  |
|  |  |  |   |                             |                                  |  |
| City   | Sta tc                                     | Zip Code   | Received                                  | at Fundrais                 | sing Event?                      |  |
|  |  |  | □ YES □ 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             |  |
|  | •  |  | 1   | .     .                     |                                  |  |
| City   | Sta te                                     | Zip Code   | Received                                  | at Fundrais                 | ing Event?                       |  |
|  |  |  | ☐ YES                                     | 1                           | NO 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 \$ 504