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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
AluttoforDublin									
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Rory Gaydos	Di:	Director of IT							
Street Address	Description of Iten	Description of Item or Service		D	Y	Fair Market Val			
8900 Turin Hill Ct	Foc	Food for party		2 6	1 5		223.87		
City		Zip Code	Receiver		aising E				
Dublin	o h	43017		YES		∐ NO			
Full Name of Contributor	_ · · · · ·		Registra	ion Num	ber, if PA	AC			
Patricia Walsh	Walsh Teacher								
Street Address	i '	Description of Item or Service		D	Y	Fair Market Val			
813 Whitestone St		drinks for party		2 0	1 5		187.15		
City		Zip Code		at Fund	raising E	_			
Bloomington	I N	47403		YES		√ NO			
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	S Description of Item or Service		M	D I	Y	Fair Market Val	lue		
O'.	State	Zin Code	Pagaina	d at Fund	micina E	vent?			
City	State	State Zip Code		Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Iter	Description of Item or Service		D	Y 	Fair Market Val	lue		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?			
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Iter	Description of Item or Service		D	Y	Fair Market Va	lue		
City	State	Zip Code	· -	d at Fund YES	raising E	vent?			
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Va	lue		
City	State	Zip Code	Receive	d at Fund YES	raising E	Event?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D 	Y	Fair Market Va	llue 		
City	State	Zip Code	Receive	d at Fund YES	traising E	event?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y 	Fair Market Va	duc		
City	State	Zip Code	Receive	d at Func	traising F	Event?			

Page Total \$ 411.02

[•] 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)]