

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paley for Columbus				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M	D
City	State	Zip Code	Y	Fair Market Value
			Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

* 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)]