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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Our Community Our Schools			In ( )			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Ohio Education Association					Te care and a	
Street Address	Description of Item or Service		M		Fair Market Value	
225 East Broad Street	Voter information			5 1 2		
City	State	Zip Code	Received at I	~	ivent?	
Columbus	<u>O   H</u>					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M I	) Y	Fair Market Value	
City	State	Zip Code	Received at I	-	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization * Reg		Registration	gistration Number, if PAC		
Ohio Education Association	' ' '	. ,				
Street Address	Description of I	tem or Service	MI	) Y	Fair Market Value	
225 East Broad Street		se of Laptops	01310	6 1 2	2 750.00	
City	State	Zip Code	Received at l			
Columbus	$\int_{\Omega}  h $	43215	☐ YE	S	NO	
Full Name of Contributor		pation, Labor Organization *	Registration	Number, if P	PAC	
Jennifer Aultman						
Street Address	Description of Item or Service		M [	) Y	Fair Market Value	
68 E. Broadway Ave		Barn rental		2 1 2	2 135.00	
City	State	Zip Code	Received at	Fundraising I		
Westerville	$ _{\Omega}$   h	43081	YE	S	✓NO	
Full Name of Contributor	Employer, Occu	ipation, Labor Organization *	Registration	Number, if P	PAC	
Adam Hubble						
Street Address	Description of I	Description of Item or Service		Y	Fair Market Value	
555 Metro Place North	Pro Pro	fessional Fees		1 1 2		
City	State	Zip Code	Received at	-		
Dublin	o h	43017	YE		✓NO	
Full Name of Contributor	Employer, Occu	ipation, Labor Organization *	Registration	Registration Number, if PAC		
Street Address	Description of I	Description of Item or Service		) Y	Fair Market Value	
Street Made 53	, , , , , , , , , , , , , , , , , ,					
City	State	Zip Code	Received at	Fundraising I	Event?	
City City			YE		□NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	12 14 66 6		- I -	) I Y	Fair Market Value	
Street Address	Description of Item or Service		M   1	)   Y 	Pair Market Value	
City	State	Zip Code	Received at		Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M 1	D Y	Fair Market Value	
	<u> </u>					
City	State	Zip Code	Received at			
			YE	S	NO	

<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)]