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R.	C.	35	17.	10

Page	1

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for Tom Kneeland								
Full Name of Contributor	Employer C	)ccup:	ition, Labor Organization *	Registration Number, if PAC				
Thomas R. Kneeland	Campioyer, C	Jecoja	Mon, theor organization	regentation runnoct, it i rec				
Street Address			m or Service	M	D	15	,	Fair Market Value
123 Serran Drive	Website		011	Į.			105.92	
City	State Zip Code			0 1 2 5 1 4 105.92				
Gahanna		Н	43230		YES		ъ.	J NO
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	ess Description of Item or Service		n or Service	М	D	T	•	Fair Market Value
				1 1				
City	State Zip Code		Zip Code	Received at Fundraising Event?				
			YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description	of Iter	n or Service	М	D	7	,	Fair Market Value
				11.				
City	State		Zip Code	Receive	d at Fun	draisir	g Ev	em?
			,	┧┖	YES			∐NG
Full Name of Contributor	Employer, Occupation, Labor Organization			Registration Number, if PAC				
	ļ	_			,	_,		
Street Address	Description of Item or Service		М.	D	۱ ا		Fair Market Value	
	<u>.</u>					Щ.	<u> </u>	
City	State		Zip Code	_	dat Puni	draisir	g Ev	
	<u> </u>				YES		_	NO
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
				T	1 .	_	las va va va	
Street Address	Description of Item or Service		M	D D	,	,	Fair Market Value	
	<u> </u>		n: 0 1	<del>     </del>	1.5	1	<u></u>	
City	State		Zip Code	Receive	त व्य Fun ] YES	oraisir	g Ev	No
	F /	<del></del>	de la la la completa de la completa del la completa de la completa del la completa de la complet				f D A	
Full Name of Contributor	Employer, Occupation, Labor Organization			Registration Number, if PAC				
				M	I D	T	,	Fair Market Value
Street Address	Description of Item or Service		"	"	1 '	1	ran Marker value	
City.	State		Zip Code	Receive	d at Fun	draisir	e Ev	eni?
City	State		Zip Code		YES		5	Пио
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
THE INSTITUTE OF CONTROLLER	Lingsbyer, Occupanion, 121001 Organization							
Street Address	Description of Item or Service		M	D	7-7		Fair Market Value	
Siret Addiess			$\perp$			l		
City	State Zip Code		Zip Code	Received at Fundraising Event?				
J			YES NG					
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Number, if PAC					
Street Address	Description of Hem or Service		M	D	T	,—	Fair Market Value	
	· '			1 1				
City	State		Zip Code	Receive	d at Pun	draisir	g Ev	_
					YES			NO

Page Total \$ \_\_\_\_105.92

<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)]