In-Kind Contributions Received

D	1
Page	
<u> </u>	

Prescribed by Secretary of State 03/05

C. II M							
Full Name of Contributor	Employer, Occupati	tion, Labor Organization*	Registrat	ion Nun	nber, if	PAC	
Street Address	1.						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	Sta te	Zip Code	Received	at Fuer	Iraising	Event?	
			ļ		_	_	
Full Name of Contributor	Final out C	tion, Labor Organization*	☐ YES Registrat] NO	
	Employer, Occupat	Deganization*	rcegistra:	on Nu	noer, if	I/IC	
Street Address	Description of Item	or Service	N.E	D	Y	Fair Market Value	
						1	
City	Sta te	Zip Code	Received	l at Fun-	draising	Event?	
			\				
Full Name of Contributor	Finalesce C	tion, Labor Organization*	☐ YES] NO	
			Registrat	on Nu	moer, if	<i></i>	
Street Address	Description of Item	or Service	NE	D	Y	Fair Market Value	
					1	_l	
City	Sta te	Zip Code	Received	d at Fun	draising	ž Event?	
	\perp		□ YES	3	r	⊃ №	
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registra				
	1	-					
Street Address	Description of Item	or Service	M	D)	Y)	Fair Market Value	
	, or nem	··· **	I MA	1	'	A GILLING VERING	
City		Tz:- c-4		Щ.	1		
City	State	Zip Code	Receive	d at Fun	ıdraisinį	g Event?	
			□ YE			ио	
Full Name of Contributor	Employer, Occupa-	ation, Labor Organization*	Registra				
Street Address	Description of Item	v or Service	M	D	Yi	Fair Market Value	
ſ	1					1	
City	State	Zip Code	Receive	d at F···	ıdı ai ei	g Event?	
		,	1		_	_	
Full Name of Contributor	Small-	tion 1 sh C	Paginter			□ NO	
	Employer, Occupa	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Court Address							
Street Address	Description of Item	n or Service	M	Ď	Y	Fair Market Value	
	1					I	
City	Sta te	Zip Code	Receive	d at Fun	ıdraisins	g Event?	
						_	
Full Name of Contributor	Employer Occur-	ation, Labor Organization*	Registra	S ation Nu		□ NO TPAC	
	Zamproyer, Occups	Zugor Organization	Negistr	vii iNt	ver, t	- 1 (1)4	
Street Address	In			1		Te s s s s	
Conservation	Description of Item	n or Service	M	D	Y	Fair Market Value	
					1		
City State Zip Code		Zip Code	Receive	Received at Fundraising Event?			
		O YE	'S	í	□ NO		
Full Name of Contributor Employer, Occupation, Laboration		ation, Labor Organization*		ation Nu			
ł	,, 5000pt					=	
Street Address	Description of Item	n or Service	1.4	I Di		Fair Masters 37-1	
	bescription of tien	or gervies	M	1 4	Y	Fair Market Value	
P.S.		I may be a second of the secon		11	لب		
City	Sta te	Zip Code	Receive	ed at Fu	ndraisia	ng Event7	

Page Total \$

^{*} 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)]