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R.C.	35	17.	10

In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Tamara Shanyfelt for Jackson Twp F	iscal Officer		
Full Name of Contributor William Byrd	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M. D. Y Fair Market Value	
4232 Kelnor Dr	balance of debt not repaid	1 2 1 3 1 1 \$197.60	
City	State Zip Code	Received at Fundraising Event?	
Grove City	OH 43123	OYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code OH	Received at Fundraising Event? OYES ONO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code OH	Received at Fundraising Event? O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code OH	Received at Fundraising Event? OYES ONO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code OH	Received at Fundraising Event? O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Sta' te Zip Code	Received at Fundraising Event? O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code OH	Received at Fundraising Event? OYES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	State Zip Code OH	Received at Fundraising Event? OYES O NO	

Page Total \$197.60

^{*} 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)]