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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Manager Follows		
Name of Committee in Full The Committee to Elect Natalie R. Coles		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Natalie R. Coles	UNCF	Registration Number, II FAC
Street Address	Description of Item or Service	M D Y Fair Market Value
548 Northview Drive	Website Domain Fee	0 8 3 1 1 1 \$10.17
City Bexley	Sta ^t te Zip Code OH 43209	Received at Fundraising Event? O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Natalie R. Coles	UNCF	
Street Address	Description of Item or Service	M D Y Fair Market Value
548 Northview Drive	Website Hosting Fee	0 8 3 1 1 1 \$8.99
City	State Zip Code	Received at Fundraising Event?
Bexley	OH 43209	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 Yi Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
	OH	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 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	Received at Fundraising Event?
	OH_	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?
Call Manage of Carta Table	Employer, Occupation, Labor Organization*	O YES O NO Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, It PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal te 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	Stal te Zip Code OH	Received at Fundraising Event? OYES O NO

Page Total \$19.16

^{*} 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)]