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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee of Full Committee.	to Elec	na consideration de la con						
Full Name of Contributor M2S KA 15TOZ	Employer, Occup	Registration Number, if PAC						
Full Name of Contributor WES KAISTOR Street Address 4082 Elbern Ave City Whitehall DIM	Description of Ite	M 0 9	D 06	Y 09	Fair Market Value			
City Whitehall THO	State O 14	Wipes For Signs State Zip Code O 14 4323			Received at Fundraising Event? YES NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration				ber, if P	AC		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D 	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	ivent?		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	ivent?		
Full Name of Contributor	Employer, Occup	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	Receive	d at Fund YES	raising E	event?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund YES	raising E	Event?		

^{*} 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)]