

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>C. Martin for Revnoldsburg School Board</b>				
Full Name of Contributor <b>Charles K. Martin III</b>	Employer, Occupation, Labor Organization * <b>Director of Sales</b>	Registration Number, if PAC <b>n/a</b>		
Street Address <b>578 Brightstone Drive</b>	Description of Item or Service <b>Campaign Yard Signs</b>	M <b>1</b>	D <b>0</b>	Fair Market Value <b>514.00</b>
City <b>Revnoldsburg</b>	State <b>OH</b>	Y <b>1</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Zip Code <b>43068</b>			
Full Name of Contributor <b>Chip Martin</b>	Employer, Occupation, Labor Organization * <b>Director of Sales</b>	Registration Number, if PAC <b>n/a</b>		
Street Address <b>578 Brightstone Drive</b>	Description of Item or Service <b>Campaign Literature</b>	M <b>1</b>	D <b>0</b>	Fair Market Value <b>509.30</b>
City <b>Revnoldsburg</b>	State <b>OH</b>	Y <b>2</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Zip Code <b>43068</b>			
Full Name of Contributor <b>Chip Martin</b>	Employer, Occupation, Labor Organization * <b>Director of Sales</b>	Registration Number, if PAC <b>n/a</b>		
Street Address <b>578 Brightstone Drive</b>	Description of Item or Service <b>Photograph for Literature</b>	M <b>0</b>	D <b>9</b>	Fair Market Value <b>45.00</b>
City <b>Revnoldsburg</b>	State <b>OH</b>	Y <b>2</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Zip Code <b>43068</b>			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
	Zip Code		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
	Zip Code		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
	Zip Code		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
	Zip Code		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
	Zip Code		<input type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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)]