## **In-Kind Contributions Received**

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Name of Committee in Full		1 Bard			
Full Name of Contributor	Employer, Occi	Registration Number, if PAC			
Dimmo Mach tosh	asim	registration number, if PAC			
Street Address	Description of Item or Service		М	D Y	Fair Market Value
TIVI BIDE 194 Ct	11-9h	ui/tS		2000	1 (A) (A)
City	Sta te	Received at Fundraising Event?			
Full Name of Contributor	OH	YES NO Registration Number, if PAC			
Full Name of Contributor	Employer, Occu				
Street Address	Description of Item or Service		M	D Y	Fair Market Value
<u> </u>					
City	Stal te OH	Zip Code	Received	at Fundraisi	ng Event?
Full Name of Contributor		ipation, Labor Organization*	O YES		O NO
	Employer, Occu	Registration Number, if PAC			
Street Address	Description of Item or Service		M	D Y	Fair Market Value
City	Sta te	Zip Code	Received	at Fundraisii	ng Event?
	ОН		O YES O NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization*		on Number,	
Street Address	Description of Item or Service		M	D Y	Fair Market Value
	•				Tan Market Variet
City	Sta te	Zip Code	Received	at Fundraisir	ng Event?
Full Name of Contributor	OH	NO Registration Number, if PAC			
. an value of Controllor	Employer, Occup	pation, Labor Organization*	Registration	on Number, i	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, Occup	Registration Number, if PAC			
Street Address	Description of Item or Service		M	D Y	Fair Market Value
City	Stal te OH	Zip Code		at Fundraisin	g Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*		O YES O NO		
			Registration Number, if PAC		
Street Address	Description of Item or Service		М	D Y	Fair Market Value
City	Sta te	Zip Code	Received	at Fundraisir	a Event?
	OH Zip Code		Received at Fundraising Event?  O YES  NO		
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC		
0.					
Street Address	Description of Item or Service		M	D Y	Fair Market Value
City	Sta te	Zip Code	Received a	nt Fundraisin	g Event?
	OH		OYES		O <sub>NO</sub>
					- 110

Page Total \$0.00

<sup>\*</sup> 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)]