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In-Kind Contributions Received

Page	1

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Rhodes					
Full Name of Contributor Franklin County Republican Party	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Iter	m or Service	М	Y Fair Market Value	
14 East Gay St., 2nd Floor	Accounting Services		1 2 0	5 0 8 \$315.00	
City	Stalte Zip Code		Received at Fundraising Event?		
Columbus	ОН	43215	OYES	O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
run nume or contractor					
Street Address	Description of Item or Service		A	Y Fair Market Value	
City	Sta te	Zip Code	Received at	Fundraising Event?	
	OH		O YES	O NO	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Iter	Description of Item or Service		D Y Fair Market Value	
City	Sta te OH	Zip Code	Received at	Fundraising Event?	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration	Number, if PAC	
Street Address	Description of Iter	n or Service	MI	O Y Fair Market Value	
City	Stalte OH	Zip Code	Received at OYES	Fundraising Event? NO	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Iter	Description of Item or Service		Pair Market Value	
City	Sta te	Zip Code	Received at	Fundraising Event?	
	OH		OYES ONO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Number, if PAC	
Street Address	Description of Iter	Description of Item or Service		D Y Fair Market Value	
City	Stal te OH	Zip Code	Received at O YES	Fundraising Event?	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Iter	Description of Item or Service		O Y Fair Market Value	
City	State OH	Zip Code	Received at	Fundraising Event? NO	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Number, if PAC	
Street Address	Description of Item or Service		M	O Y Fair Market Value	
City	Stal te OH	Zip Code	Received at	Fundraising Event?	

Page Total \$315.00

^{*} 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)]