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R	C	3517	10

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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

<del></del>			<del></del>					
Name of Committee in Full								
Our Community Our Schools								
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	tion Numb	ber, if PA	·C		
Thomas Lynch		<u> </u>				T.		
Street Address	Description of Item or Service		М	D		Fair Market Value	_	
722 Winmar Pl. W.	Paypal mobile card		0 9		1 6		21.48	
City	State	Zip Code		d at Fundr	raising Ev	vent?		
Westerville	ОН	43081	$\bot$	YES		No		
Full Name of Contributor	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	Received	d at Fundr YES	raising Ev	Vont <sub>2</sub>		
Full Name of Contributor	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		d at Fundi YES		□N0		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	ntion Num				
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value		
City	State	Zip Code		d at Fund YES		□ No		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	Registration Number, if PAC				
Street Address	Description of 1	Item or Service	М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	ed at Fund YES	Iraising E	vent?		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	Registration Number, if PAC				
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	ed at Fund YES	Iraising E	Vent?		
Full Name of Contributor	Employer, Occupation, Labor Organization		Registra	Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Ý	Fair Market Value		
City	State	Zip Code	Receive	Received at Fundraising Event?  YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization		Registra	Registration Number, if PAC				
Street Address	Description of	Item or Service	М	D	Y	Fair Market Value	e	
City	State	Zip Code	Receive	ed at Fund YES	draising E	NO		

Page Total \$	21.48
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<sup>•</sup> 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)]