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R	C.	3	51	7.	10

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

MCGin i E n								
Name of Committee in Full Carol Perkins for Columbus Se	chool Board							
Full Name of Contributor			la :					
Ohio Democratic Party	Employer, Occ	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Decemption of	Itom or Coming	M	D	1 2	le::-14-4 V.1		
271 E State St		Description of Item or Service			Y Als	Fair Market Value	ΔΔ	
City	State	Voter File Access			018 216 017 10,000.00			
Columbus	State Zip Code O H 43215		Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occ	Registration Number, if PAC						
		aparton, Europe Organization	I CEISUAN	1011 11411	1001, 11 1	nc .		
Street Address	Description of Item or Service		M	D 1	Y	Fair Market Value		
City	State	Zip Code	Received	l or Franci	lmisina D	<u> </u>		
	Siaic	Zip Code		YES	uaising c	NO		
Full Name of Contributor	- Gunner Oct	Employer, Occupation, Lubor Organization *			Registration Number, it PAC			
	amproyer, occ	Transmitted transmitted to the second						
Street Address	Description of	Item or Service	M	D 1	Y	Fair Market Value		
City	State	Zip Code	Received	at Fund	raising E	ivent?		
		1		YES		□NO		
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of	Description of Item or Service		D	Y	Fair Market Value		
City	State	Zip Code	Received	at Fund	raising E	vent?		
	- I	1		YES	-	□ио		
Full Name of Contributor	Employer, Occ	Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
						· I		
City	State	Zip Code	Received	at Fund	raising E	vent?		
	1			YES		∐ио		
Full Name of Contributor	Employer, Occ	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Ϋ́	Fair Market Value		
			1 1 1	1	Li			
City	State	Zip Code	Received	at Fund	raising E	vent?		
				YES	-	□NO		
Full Name of Contributor	of Contributor Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	ΙΥ	Fair Market Value		
	·	1 1 1	1					
City	State Zip Code		Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
	[M	1					
City	State	Zip Code	Received	at Fund	raising E	vent?		
				YES		□no		

Page Total \$ 10,000.00

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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)]