In-Kind Contributions Received

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Prescribed by Secretary of State 2/01

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Name of Committee in Full Committee Committee Full Full Name of Contributor	U	1	1254					
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Full Name of Contributor George Henry Street Address 5555 5 Fant 54			•					
Street Address	Descripti	Description of Item or Service			D	Y	Fair Market Value	
555 S. Front St.	100	tood & Berese			23			
City	Sta te Zip Code			Received at Fundraising Event? YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC				
Pull Name of Controllor	Employer, Occupation, Labor Organization			Registration Number, if 1740				
Street Address	Descripti	Description of Item or Service			D	Y	Fair Market Value	
City	St	a te	Zip Code	Receive	d at Fun	draising	Event?	
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Full Name of Contributor	Employe	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Descripti	Description of Item or Service			D	Y	Fair Market Value	
City	Sta	a te	Zip Code			draising		
Edi News of Cartifutor	Employ		tion Labor Organization*	Pagister	Section Control Control Control	SACADARIO ANTANO ESPACADA	NO PAC	
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	Sta	a te	Zip Code	Receive	d at Fun	draising	Event?	
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Full Name of Contributor	Employe	er, Occupa	tion, Labor Organization*	STREET, CONTRACTOR OF THE PROPERTY OF THE PROP	CONTRACTOR OF THE PROPERTY OF	nber, if I		
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Street Address	Descripti	Description of Item or Service			D	Y	Fair Market Value	
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City	313	a ie	Zip Code	Receive	u at run	maising.	Event?	
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Full Name of Contributor	Employe	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Descripti	escription of Item or Service		M	D	Y	Fair Market Value	
	1							
City	Str	a te	Zip Code	Receive	d at Fun	draising	Event?	
				☐ YES ☐ NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC				
Street Address		Description of Item or Service			D	TW	Fair Market Value	
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City	Sta	a te	Zip Code	Receive	d at Fun	draising	Event?	
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Full Name of Contributor	Employe	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Descripti	Description of Item or Service			M D Y Fair Market Value			
City	St	a te	Zip Code	Receive	d at Fun	draising	Event?	
			_	□ VE		_) NO	

Page Total \$ 450.00

^{*} Required for contributions from individuals 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)]