

FOR PAPER FILING ONLY In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full PEOPLE FOR PAGE				
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC		
Street Address 545 East Town Street	Description of Item or Service Consulting Services	M 0	D 9	Fair Market Value 500.00
City Columbus	State O H 43215	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC		
Street Address 545 East Town Street	Description of Item or Service TV Time	M 0	D 9	Fair Market Value 14,796.06
City Columbus	State O H 43215	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC		
Street Address 545 East Town Street	Description of Item or Service Consulting Services	M 1	D 0	Fair Market Value 1,100.00
City Columbus	State O H 43215	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC		
Street Address 545 East Town Street	Description of Item or Service Mailings	M 1	D 0	Fair Market Value 660.00
City Columbus	State O H 43215	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC		
Street Address 545 East Town Street	Description of Item or Service Contribution	M 1	D 0	Fair Market Value 250.00
City Columbus	State O H 43215	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC		
Street Address 545 East Town Street	Description of Item or Service TV Time	M 1	D 0	Fair Market Value 44,703.77
City Columbus	State O H 43215	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Mary Edwards	Employer, Occupation, Labor Organization * NextGeneration	Registration Number, if PAC		
Street Address 1244 Erickson Road	Description of Item or Service Fundraiser	M 0	D 9	Fair Market Value 1,928.55
City Columbus	State O H 43227	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Tracy Tavor	Employer, Occupation, Labor Organization * NextGeneration	Registration Number, if PAC		
Street Address Westphal Avenue	Description of Item or Service Fundraiser	M 1	D 0	Fair Market Value 75.00
City Columbus	State O H 43227	Y 1	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

* 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)]