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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

| · | <u></u> | | |
|-------------------------------|--|--|--|
| Name of Committee in Full | | | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Jon Handler | | 5 · · · · · · · · · · · · · · · · · · · | |
| Street Address | Description of Item or Service | M D Y Fair Market Value | |
| 703 S. 5th | In-Kind Contributions | 0 1 2 6 1 2 66.00 | |
| | State Zip Code | Received at Fundraising Event? | |
| ^{City} . Columbus | OH 43206 | ✓ YES NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Employer, Occupation, Labor Organization * Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y Fair Market Value | |
| City | State Zip Code | Received at Fundraising Event? YES NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y Fair Market Value | |
| City | State Zip Code | Received at Fundraising Event? YES NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y Fair Market Value | |
| City | State Zip Code | Received at Fundraising Event? YES NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Employer, Occupation, Labor Organization Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y Fair Market Value | |
| City | State Zip Code | Received at Fundraising Event? YES NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y Fair Market Value | |
| City | State Zip Code | Received at Fundraising Event? YES NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Employer, Occupation, Labor Organization • Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y Fair Market Value | |
| City . | State Zip Code | Received at Fundraising Event? YES NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | r, Occupation, Labor Organization * Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y Fair Market Value | |
| City | State Zip Code | Received at Fundraising Event? YES NO | |
| | | | |

Page Total \$ 66.00

^{*} 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)]