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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				_		
Baker for the Board						
Full Name of Contributor	Ir1 0	i Laba- Oii *	In		-	
	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
In-kind contriubutuion received at				1		
	Description of Item or Service		MD	Y	Fair Market Value	
a fundraising event - \$250 or less		· · · · · · · · · · · · · · · · · · ·	0 8 2		<u> </u>	250.00
City	State	Zip Code	Received at F		ent?	:
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration N	umber, if PA	.C	
In-kind contribution received at						•
Street Address	Description of It	em or Service	M D	Ý	Fair Market Value	•
a fundraising event - \$250 or less	1		0 6 1	6 0 1 7		250.00
City	State	Zip Code	Received at F		vent?	200.00
	1	1	√ YES	-	□NO	•
Full Name of Contributor	Employer, Occupation, Labor Organization • Registration Number, if PAC					
In-kind contribution received at	' ' '		"	•		ı
Street Address	Description of It	em or Service	МІр	Y	Fair Market Value	
a fundraising event - \$250 or less				0 017		122.00
City	State	Zip Code	Received at F		ent?	122.00
·	j .	Lap code	✓ YES		Пио	:
Full Name of Contributor	Employer Occur	pation, Labor Organization *	Registration N			
,	Lampioyer, occu	pation, ration organization	Registration :	················		ı
Street Address	Description of It	am or Sarsion	M D	ΙΥ	Fair Market Value	
Street Address	Description of 1	em or service		1	Pan Market Valde	
	- F	Trin Code	Received at F		<u> </u>	
City	State	Zip Code		-		•
			YES		NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration N	umber, ii PA	iC .	
			1		le :	
Street Address	Description of It	tem or Service	MD	Y	Fair Market Value	£ , !
		T			<u> </u>	_
City	State	Zip Code	Received at F	_		•
<u> </u>	<u> </u>		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 Valu	e
•						
City	State	Zip Code	Received at F	undraising Ev	_	
· _ ·] !		YES		N0	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration 1	lumber, if PA	/C	
, , , , , , , , , , , , , , , , , , ,						
Street Address	Description of I	tem or Service	M D	Y	Fair Market Valu	c .
•						
City	State	Zip Code	Received at F	undraising E	vent?	
			YES		□NO	
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration 1	lumber, if PA	\C	
		-				•
Street Address	Description of 1	Description of Item or Service		Y	Fair Market Valu	e
				1		•
City	State	Zip Code	Received at F	undraising E	vent?	•
	1 1	1	YES		NO	•
		_1				

Page Total \$	622.00	•
		_

^{*} 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)]