

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Schuler for School Board			
Full Name of Contributor Jill M. Schuler	Employer, Occupation, Labor Organization* NA	Registration Number, if PAC	
Street Address 88 Highmeadow Drive	Description of Item or Service Campaign postcard print	M D Y 1 0 3	Fair Market Value 009 179.64
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Jill M. Schuler	Employer, Occupation, Labor Organization* NA	Registration Number, if PAC	
Street Address 88 Highmeadow Drive	Description of Item or Service Direct mail	M D Y 1 2 1	Fair Market Value 109 2292.69
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]