In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full	**			
Committee for Jim Mason			· <u></u> -	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
In-Kind Contribution Received at a Fund-Raising Event \$250.00 or less		Chester, Wilcox & Saxbe 🖫		
Street Address	Description of Item or Service		M D	Y Fair Market Value
65 E. State St., Suite 1000	Postage, Labels, Note cards		0 3 2 1	
City	Sta te	Zip Code	Received at Fu	ndraising Event?
Columbus	OH	43215	♥ YES	O NO
Full Name of Contributor	1 " '	pation, Labor Organization* Registration Number, if PAC		ımber, if PAC
Kendra L. Carpenter	Carpenter Law Office, LLC			
Street Address	Description of Item or Service		MD	Y Fair Market Value
673 Mohawk St., Suite 200	Food			2 0 6 \$63.38
City	Stal te	Zip Code	Received at Fu	ndraising Event?
Columbus	OH,	43206	O YES	O NO
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Nu	ımber, if PAC
			1	:
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Sta te	Zip Code	Received at Fu	ndraising Event?
	OH,		YES	O NO
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Nu	ımber, if PAC
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Sta te	Zip Code	Received at Fur	ndraising Event?
	OH		O YES	O NO
Full Name of Contributor	Employer, Occupa	ntion, Labor Organization*	Registration Nu	imber, if PAC
Street Address	Description of Item or Service		M D	Y Fair Market Value
	<u> </u>			
City	Sta te	Zip Code	Received at Fu	ndraising Event?
	OH		⊘ YES	O NO
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC		ımber, if PAC	
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Stal te	Zip Code	Received at Fur	ndraising Event?
	OH,		O YES	O NO
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Nu	
	<u> </u>			
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Sta te	Zip Code	Received at Fur	ndraising Event?
	OH		OYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC		imber, if PAC	
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Sta te	Zip Code	Received at Fur	ndraising Event?
	OH		Oyes	O NO

Page Total \$111.94

^{*} 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)]