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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						<del></del>	
Citizens for Judge Amy Salerno							
Full Name of Contributor	Employer Occupation	Labor Organization *	Registra	tion Nun	ther if P	AC.	
H.M.O'Neill	Zimpioyai, Goodpanon,	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Ϋ́	Fair Market Value	
330 W. Spring St., Suite 200	1 -	1 -		1 .		1	250.00
	Food & Beverages		1   0   1   1   0   5   250.00     Received at Fundraising Event?				
City Columbus	State Zip Code 43215		✓ YES NO				
Full Name of Contributor	Employer, Occupation,	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Kevin Bacon							
Street Address	Description of Item or S	Description of Item or Service		D	Y	Fair Market Value	
5325 Ponderosa Dr.		photocopying		0 2	0 5	:1	64.09
City	State Zip C			1 1 0 2 0 5 64.09  Received at Fundraising Event?			
Columbus	O H	43231		YES		<b>У</b> ио	
Full Name of Contributor			Registra		ther if P		
Tan Name of Commount	Employer, Occupation,	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Street Address	Description of Item or 5	Service	М	D	Y	Fair Market Value	
					$\perp$	1	
City	State Zip C	Code	Receive	d at Fund YES	lraising E	Event?	
Full Name of Contributor	Englacian Occupation	Labor Organization *	Davigtes		har if D		
run Name of Contributor	Employer, Occupation,	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or S	Description of Item or Service		D	Y	Fair Market Value	
	1 '					1	
City	State Zip C	Code	Receive	d at Fund	raising E	vent?	
				YES		□no	
Full Name of Contributor	Employer, Occupation,	Employer, Occupation, Labor Organization * Registration Number, if PAC					
Street Address	Description of Item or S	Service	М	D	Y	Fair Market Value	
	1			1			
City	State Zip C	2ode	Receive	d at Fund	raising E	ivent?	······································
				YES		NO	
Full Name of Contributor	Employer, Occupation,	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
		•					
Street Address	Description of Item or S	Service	М	D	Y	Fair Market Value	
			1	1 1	1		
City	State Zip C	Code	Receive	d at Fund	raising F	Event?	
				YES		□no	
Full Name of Contributor	Employer, Occupation,	Labor Organization *	Registra	tion Nun	ber if P		
WILLIAM OF COMMISSION	Employer, secupation,	Davor Organization	1.03.5		,		
Street Address	Description of Item or S	enice	м	D	Y	Fair Market Value	
Street Address	Description of item or s	CIVICE	I M	1 1	1 1	Tan Market Value	
City	State Zip C	\ada	Dagairea	d at Fund	laciaine E	I transfo	
City	State Zip C	2006	Received	YES	naising c	NO	
Full Name of Contributor	Employer, Occupation.	Employer, Occupation, Labor Organization * Registration Number, if PAC					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ingipality, southern, who is distanced in the state of th					
Street Address	Description of Item or S	Description of Item or Service		D	Y	Fair Market Value	
City	State Zip C	Code	Received	d at Fund	raising I		
				YES		NO	

Page Total \$	314.09

<sup>\*</sup> 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)]