

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Teater for Hilliard			
Full Name of Contributor Less Carrier	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 4394 Shire Creek Court	Description of Item or Service 200 First Class Postage Stamps		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value 0 4 1 2 1 7 \$98.00
City Hilliard	State OH	Zip Code 43026	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
City	State OH	Zip Code	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
City	State OH	Zip Code	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
City	State OH	Zip Code	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
City	State OH	Zip Code	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
City	State OH	Zip Code	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
City	State OH	Zip Code	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 <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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)]