

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Our Community Our Schools			
Full Name of Contributor Mary Lou McMeen	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 6557 Henschen Circle	Description of Item or Service Materials for meeting	M D Y 1 0 1 6 0 9	Fair Market Value 39.24
City Westerville	State Zip Code O H 43082	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Jeanette Talamo	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 406 Olde English Drive	Description of Item or Service Materials for volunteer mtg	M D Y 1 0 1 6 0 9	Fair Market Value 156.30
City Westerville	State Zip Code O H 43082	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Support Ohio Schools	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 470 Glenmont Ave	Description of Item or Service voter lists	M D Y 1 1 0 1 0 9	Fair Market Value 1,135.56
City Columbus	State Zip Code O H 43214	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Tracy Davidson	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 44 N Vine St	Description of Item or Service Preschool event	M D Y 1 1 0 2 0 9	Fair Market Value 75.84
City Westerville	State Zip Code O H 43081	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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 Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
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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 Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]

Page Total \$ 1,406.94