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Page	1

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				nenderica policie	Saldinganaganaga			
Our Community Our Schools								
Full Name of Contributor	Temployer	Occu	pation, Labor Organization *	In anistr	otion Min		7.0	
Mary Lou McMeen		, 00	Janon, Davor Organization	Registration Number, if PAC				
Street Address	Description	on of Ite	em or Service	H <sub>M</sub>	D	Y	Fair Market Va	1.10
6557 Henschen Circle			ials for meeting	1	16			
City	State		Zip Code		d at Fund			39.24
Westerville		Н	43082		YES	ulawing	vent? ✓ NO	
Full Name of Contributor	Employer		pation, Labor Organization *	Registra	ation Nun	nher if P		
Jeanette Talamo		-	, ————————————————————————————————————		14104	11001,	AC	
Street Address	Descriptio	n of Ite	em or Service	M	D	Y	Fair Market Va	l <sub>110</sub>
406 Olde English Drive	Mate	rials	for volunteer mtg	1	1 6	1		156.30
City	State	e	Zip Code		d at Fund			100.00
Westerville	lo	Н	43082		YES		NO	
Full Name of Contributor	Employer,	STOREST AND ADDRESS OF THE PARTY OF THE PART	pation, Labor Organization *	Registration Number, if PAC				
Support Ohio Schools			ļ	-		,		
Street Address	Description	n of Ite	em or Service	M	D	Y	Fair Market Val	hie
470 Glenmont Ave			voter lists	1 1	1		1	1,135.56
City	State	e	Zip Code		d at Fund	Iraising E	Event?	1,100,00
Columbus		Н	43214		YES	-	✓ NO	İ
Full Name of Contributor	Employer,	Occup	oation, Labor Organization *	Registra	tion Num	nber, if P		
Tracy Davidson				SWIMM:				
Street Address			em or Service	М	D	Y	Fair Market Val	ue
44 N Vine St			school event	1 1		0 9		75.84
City VV actor 11 a	State			Received	d at Fund	raising E	vent?	***************************************
Westerville Full Name of Contributor	NAMES OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	H	43081		YES		✓NO	
Full Name of Contributor	Employer,	Occupa	ation, Labor Organization *	Registra	tion Num	ber, if P	AC	
Street Address								
Street Address	Description	ı of Iter	m or Service	M	D	Y	Fair Market Val	ue
City				لبلك	لِللا	<u> </u>		
Chy	State		Zip Code		d at Fund	raising E	h	
Full Name of Contributor	TIovor				YES		NO	
Tuli Name of Contributor	Employer,	Occupa	ation, Labor Organization *	Registrat	tion Num	ber, if PA	AC	
Street Address	Description	- £ Ytai	m or Service					······································
octobe Marioss	Description	. OI Item	n or Service	M	D	Y	Fair Market Valı	ue
City	State		Zip Code	Taraired				
	, June	ľ	Zip Code		i at Fundi YES	raising 🗅		
Full Name of Contributor	Employer,	Occups	ation, Labor Organization *	Military and a second	YES tion Numi	:f D/	NO	
	Linp.0,,	Jeen,	mon, Lavor Organization	Kegisiiai	IOII INUITA	ber, 11 1 r	AC	
Street Address	Description	of Iter	m or Service	M	D	Y	Fair Market Valu	
	Desc.,	Ox 22.	II Or BOLVICE	141	, i	1	Fall Mainer van	1e
City	State	<u> </u>	Zip Code	Received	at Fundr	raisino Ex	vant?	
			in cour		YES	laine -	NO NO	
Full Name of Contributor	Employer,	Occupa	ation, Labor Organization *	rice and a second secon	ion Numb	her if PA		
					1011 1	001,	10	
Street Address	Description	Description of Item or Service			D	Y	Fair Market Valu	16
				M	_	Ī	I Will Areway	ic
City	State	7	Zip Code	Received	at Fundr	aising Ev	vent?	
					YES	. •	NO	

<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)]