Page	1_

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

		_	
Name of Committee in Full			
Baker for the Board			
Full Name of Contributor	Employer, Occupation, Lab	or Organization *	Registration Number, if PAC
Marco Miller			
Street Address	Description of Item or Service		M D Y Fair Market Value
5990 E. Livingston Ave.	Purchase campaign food		0 9 0 8 1 5 191.53
City	State Zip Cod		Received at Fundraising Event?
Columbus	$\left  O \right  H \right $	43232	☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Lab		Registration Number, if PAC
Tull Plane of Commons	2		, and the second
Street Address	Description of Item or Serv	ina	M D Y Fair Market Value
Sileer Address	Description of hem of serv	100	I I I I I I I I I I I I I I I I I I I
City	State Zip Cod	e	Received at Fundraising Event?
<u></u> .			YES NO
Full Name of Contributor	Employer, Occupation, Lab	oor Organization *	Registration Number, if PAC
Street Address	Description of Item or Serv	rice	M D Y Fair Market Value
City	State Zip Cod	e	Received at Fundraising Event?
			☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Lab	or Organization *	Registration Number, if PAC
	ismpayon occupanon, cas	or organization	Tropismanon / minori, m r r r o
Street Address	Description of Item or Serv	ina	M D Y Fair Market Value
Silect Address	Description of Rein of Serv	ice	IN D I Fau Market value
			<u> </u>
City	State Zip Cod	e	Received at Fundraising Event?
			YES NO
Full Name of Contributor	Employer, Occupation, Lab	oor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State Zip Cod	e	Received at Fundraising Event?
			☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Lab	oor Organization *	Registration Number, if PAC
		U	100
Street Address	Description of Item or Serv	ice	M D Y Fair Market Value
Sites Flactori	Description of item of Serv	icc	I I I I I I I I I I I I I I I I I I I
Cin.	See Trick		
City	State Zip Cod	ie	Received at Fundraising Event?
			☐ YES ☐ NO
Full Name of Contributor	Employer, Occupation, Lab	oor Organization *	Registration Number, if PAC
Street Address	Description of Item or Serv	rice	M D Y Fair Market Value
City	State Zip Cod	le	Received at Fundraising Event?
			YES NO
Full Name of Contributor	Employer, Occupation, Lab	oor Organization *	Registration Number, if PAC
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Street Address	Description of Item or Serv	den	M D Y Fair Market Value
Succi Addicas	isoscription of item of serv	100	The Pair Warket value
Cir.	e. Iar o		
City	State Zip Cod	e	Received at Fundraising Event?
			☐ 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)]