

## In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Community Partnership for Education</b>				
Full Name of Contributor <b>HR Imaging</b>		Employer, Occupation, Labor Organization* <b>Photography</b>		Registration Number, if PAC
Street Address <b>560 Sunbury Road, Suite 5</b>		Description of Item or Service <b>Reception Rental/Food</b>		M   D   Y   Fair Market Value <b>1   0   0   7   1   5   \$207.90</b>
City <b>Dealware</b>		State <b>OH</b>	Zip Code <b>43015</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Delta Dental</b>		Employer, Occupation, Labor Organization* <b>Benefit Carrier</b>		Registration Number, if PAC
Street Address <b>5600 Blazer Parkway, Suite 150</b>		Description of Item or Service <b>Reception Rental/Food</b>		M   D   Y   Fair Market Value <b>1   0   0   7   1   5   \$200.00</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Ameritas</b>		Employer, Occupation, Labor Organization* <b>Insurance Company</b>		Registration Number, if PAC
Street Address <b>6792 Headwater Trail</b>		Description of Item or Service <b>Reception Rental/Food</b>		M   D   Y   Fair Market Value <b>1   0   0   7   1   5   \$250.00</b>
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>	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   D   Y   Fair Market Value
City		State <b>OH</b>	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   D   Y   Fair Market Value
City		State <b>OH</b>	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   D   Y   Fair Market Value
City		State <b>OH</b>	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   D   Y   Fair Market Value
City		State <b>OH</b>	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)]