

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TAMARA SHANYFELT FOR JACKSON TWP FISCAL OFFICER				
Full Name of Contributor David Lauridsen	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 3262 Tareyton Dr	Description of Item or Service design of mailer		M <input type="checkbox"/>	D <input type="checkbox"/>
City Grove City	State OH	Zip Code 43123	Y <input type="checkbox"/>	Fair Market Value 100.00
Received at Fundraising Event?			<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Brian Hill	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 4773 St Andrews Dr	Description of Item or Service printing of mailer		M <input type="checkbox"/>	D <input type="checkbox"/>
City Grove City	State OH	Zip Code 43123	Y <input type="checkbox"/>	Fair Market Value 100.00
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"/>
City	State OH	Zip Code	Y <input type="checkbox"/>	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input 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"/>
City	State OH	Zip Code	Y <input type="checkbox"/>	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input 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"/>
City	State OH	Zip Code	Y <input type="checkbox"/>	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	
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Street Address	Description of Item or Service		M <input type="checkbox"/>	D <input type="checkbox"/>
City	State OH	Zip Code	Y <input type="checkbox"/>	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input type="radio"/> NO	
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Street Address	Description of Item or Service		M <input type="checkbox"/>	D <input type="checkbox"/>
City	State OH	Zip Code	Y <input type="checkbox"/>	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input 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"/>
City	State OH	Zip Code	Y <input type="checkbox"/>	Fair Market Value
Received at Fundraising Event?			<input type="radio"/> YES <input 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)]

200.00
Page Total ~~\$0.00~~