

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full People for Page			
Full Name of Contributor Mills for City Council	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service mailing services	M D Y 0 4 2 8 1 5	Fair Market Value 3,750.00
City Columbus	State Zip Code OH 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service legal services	M D Y 0 4 2 9 1 5	Fair Market Value 187.00
City Columbus	State Zip Code OH 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Klein Committee	Employer, Occupation, Labor Organization * City Councilmember	Registration Number, if PAC	
Street Address 545 East Town Street	Description of Item or Service consulting services	M D Y 0 4 2 9 1 5	Fair Market Value 5,875.00
City Columbus	State Zip Code OH 43215	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	
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
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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	

* 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)]