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R.	C.	35	Ľ	7.1	0

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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Jolley							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number if PAC				
Leadership for Educational Equity - Fran		ation, Labor Organization	Registration Number, if PAC				
Street Address			М	<u> </u>	ΙΥ	Fair Market Value	
	Description of Item or Service		1				
1805 7th St, NW, 8th Floor	Consulting/Travel		0   6   0   5   1   5   2,307.03 Received at Fundraising Event?				
City	State	Zip Code	Kecewe		raising E		
Washington	D I C 20001		YES VNO				
Full Name of Contributor	Employer, Occupation, Labor Organization • Re		Registra	Registration Number, if PAC			
Street Address	Description of Item or Service		М	D 	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
ran vame of Controdor	Employer, Occup	ation, Labor Organization	Kegisua	Registration Number, it PAC			
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		□no	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Organization * Registration Number, if PAC		AC		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
	6	la: o i	12	1	raising E		
City	State 	Zíp Code	Kecelica	YES	raising c	No	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
C.L.	1	Sip code		YES		□NO	
Full Name of Contributor	Employer Occur	Employer, Occupation, Labor Organization •		Registration Number, if PAC			
I all Haile of Compositor	Linployes, Ocean	anon, Labor Organization	, registra				
Street Address	Description of Item or Service		м 	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?	
Full Name of Contributor	Employer, Occupation, Labor Organization •		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?	
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	Receive	d at Fund	raising E	vent?	
1	1	'		YES	-	N6	

Page Total \$ 2,307.03

<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)]