

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friend of Carmen Malone				
Full Name of Contributor OAPSE AFSCME TURNAROUND PAC		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 6805 Oak Creek Drive		Description of Item or Service robo call		M D Y Fair Market Value 1 0 2 4 1 5 150.00
City Columbus		State O H	Zip Code 43229	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Larry Malone, Jr		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5949 Hampton Corners North		Description of Item or Service Mailing Design		M D Y Fair Market Value 1 2 0 2 1 5 125.00
City Hilliard		State O H	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 340 East Fulton Street		Description of Item or Service Mailing		M D Y Fair Market Value 1 1 1 3 1 5 2,128.50
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Ohio Democratic Party		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 340 East Fulton Street		Description of Item or Service Mailing		M D Y Fair Market Value 1 2 0 2 1 5 178.01
City Columbus		State O H	Zip Code 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
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)]