

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Tom Kneeland For City Council					
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Bob Thurman					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
	Fundraiser Food	09	25	03	200.00
City	State	Zip Code	Received at Fundraising Event?		
New Albany	OH	43054	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Gary Bruck					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
	Literature Sketch	09	15	03	100.00
City	State	Zip Code	Received at Fundraising Event?		
Worthington	OH		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Bill Capretta	Fraternal Order of Police				
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
514 S. High St.	Facility Rental	09	25	03	400.00
City	State	Zip Code	Received at Fundraising Event?		
Columbus	OH	43215	<input checked="" 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, occupation 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)]