

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

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|--|--|--|--------------------------|--|
| Name of Committee in Full Citizens to Elect Marjorie Brant | | | | |
| Full Name of Contributor Marjorie H. Brant | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address 2605 Bryan Circle | | Description of Item or Service plastic bags for literature drops | | M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value 1 0 2 8 1 1 \$40.00 |
| City Grove City | | State OH | Zip Code 43123 | 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"/> Y <input type="checkbox"/> Fair Market Value |
| City | | State OH | Zip Code | 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"/> Y <input type="checkbox"/> Fair Market Value |
| City | | State OH | Zip Code | 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"/> Y <input type="checkbox"/> Fair Market Value |
| City | | State OH | Zip Code | 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"/> Y <input type="checkbox"/> Fair Market Value |
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| Street Address | | Description of Item or Service | | M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value |
| City | | State OH | Zip Code | 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)]