

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
SAFE NEIGHBORHOODS				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
SUSAN Brobst				
Street Address		Description of Item or Service		M D Y Fair Market Value
5151 Berger Rd.		Labels		04 27 11 48.02
City		State	Zip Code	Received at Fundraising Event?
Groveport		Ohio	43125	<input type="checkbox"/> YES <input checked="" 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
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Street Address		Description of Item or Service		M D Y Fair Market Value
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				<input type="checkbox"/> YES <input type="checkbox"/> NO
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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 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)]