

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Dewey Stokes				
Full Name of Contributor Tom Kurtz		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 3658 Lakestone Circle		Description of Item or Service Mulch		M D Y Fair Market Value 1 1 1 6 0 5 60.00
City Hilliard		State O H	Zip Code 43026	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor John Machie		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 449 Pasadena Ave.		Description of Item or Service 2 Office Chairs		M D Y Fair Market Value 1 1 1 6 0 5 120.00
City Columbus		State O H	Zip Code 43228	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Jack Ruscilli		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 1957 Lakeshore Dr.		Description of Item or Service Golf Bag Carrier		M D Y Fair Market Value 1 1 1 6 0 5 60.00
City Columbus		State O H	Zip Code 43204	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Robert Althoff		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 565 S Fourth St		Description of Item or Service Harley Davidson Jacket		M D Y Fair Market Value 1 1 1 6 0 5 60.00
City Columbus		State O h	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Tom Abram		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 532 W Rich		Description of Item or Service Faucet		M D Y Fair Market Value 1 1 1 6 0 5 17.00
City Columbus		State O h	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Art Levi		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)]

Page Total \$ 317.00