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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens fo Shane Ewald									
Full Name of Contributor Shane Ewald	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Street Address	Description of Item or Service				D	Y	Fair Market Value		
126 Walnut Street	postage			$\begin{bmatrix} M \\ 1 \mid 0 \end{bmatrix}$	2 6		233.00		
City	State Zip Code			Received at Fundraising Event?					
Gahanna	0	H	43230		YES				
Full Name of Contributor	Employ	er, Occupa	ation, Labor Organization *	Registration Number, if PAC					
Shane Ewald									
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value		
126 Walnut Street		postage			0 4		232.00		
City	State Zip Code			Received at Fundraising Event?					
Shane Ewald	Q	H	43230		YES		<u> </u>		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC								
Rebecca Stinchcomb				M	1 -		In the second second		
Street Address	Descrip	Description of Item or Service			D	Y	Fair Market Value		
1012 Cloverly Drive		literature bags State Zip Code				$\frac{111}{5}$	25.00		
City		itate TT	Received at Fundraising Event? YES NO						
Gahanna	C	H							
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	S	State	Zip Code		1 at Fundi YES	raising E	vent?		
Full Name of Contributor	Employ	er, Occupa	Registration Number, if PAC						
Street Address	Description of Item or Service			M	D	Y	Fair Market Value		
City		State	Zip Code	Received	l ! Lat Fundi	raising Fy	vent?		
Chy			Zip code		YES	uising 2	П мо		
Full Name of Contributor	Employ	er, Occupa	Registration Number, if PAC						
		·	~						
Street Address	Descrip	Description of Item or Service		М	D	Y	Fair Market Value		
City	S	State	Zip Code		d at Fund YES	raising E	vent?		
Full Name of Contributor	Employ	er, Occupa	Registration Number, if PAC						
Street Address	Description of Item or Service			М	D	Y	Fair Market Value		
City		State	Zip Code	I	d at Fund YES	raising E	vent?		
Full Name of Contributor	Employ	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service			M	D	Y	Fair Market Value		
City	1 5	State	Zip Code		d at Fund YES	raising E	vent?		

^{*} 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)]