In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Thath for New Full Name of Contributor Merk Wilsen Street Address 3980 Fasher Caut City New Alhany Full Name of Contributor	1 Un a							
TIWIN THE PLU	HANKIN							
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Mark Wilson	HK A							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
3984 FC My Court	Ruel cheretizy		8	28	i	\$197-		
City	Sta te	Zip Code	1 1	1 -		1 - 1 .		
ν. Δ .Ι		Received at Fundraising Event?						
New Hyeny	UG	1 04 43614			☐ YES X NO			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
	-							
City	Sta te	Zip Code	Panaisa	d at Fundi	nicina I	52		
Vii.y	State	Zip code	Receive	au runku	arsing	Event?		
			☐ YES			NO		
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC					
Street Address	Description of Ite	m or Service	M	D	Yi	Fair Market Value		
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Cinc	St	72:- 0-1-			<u></u>	<u>.</u>		
City	Starte	Zip Code	Received	d at Fundi	LST 2018 I	Event?		
			☐ YES			NO		
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registra	tion Num	ber, if P	AC		
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Street Address	Description of Ite	m or Service	М	D	Ϋ́ι	Fair Market Value		
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City	Sta te	Zip Code	Received	d at Fundi	rausang I	Event?		
		1 .	O YES	3		NO		
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registra	tion Num	ber, if P	AC		
Street Address	Description of Item or Service		M	Б	Υĺ	Fair Market Value		
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City	Sta te	Zip Code	Received	d at Fundi	raising I	Event?		
			□ YES □ NO					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC					
Street Address	Description of Item or Service		м	D	Υį	Fair Market Value		
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City	Sta te	Zip Code	Received	d at Fundi	raising !	Event?		
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Full Name of Contributor	Employer, Occupation, Labor Organization®		Registration Number, if PAC					
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Street Address	Description of Ite	m or Service	M	D	Υİ	Fair Market Value		
Survey (statutes)	Description of none of service			[]		Tal Maker value		
		I		بيبا	LL.			
City	Sta te	Zip Code	Receive	d at Fundi	raising l	Event?		
			☐ YES ☐ NO					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC					
Street Address	Description of Ite	m or Service	м	D	Yi	Fair Market Value		
ing out a same to	Description of Item or Service		"					
					<u> </u>	<u> </u>		
City	State	Zip Code	Receive	d at Fund	raising l	Event?		
			☐ YES	S		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)]