

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Moncman for Grove City Council				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Gary L. Leasure				
Street Address		Description of Item or Service		M D Y Fair Market Value
4780 Saint Andrews Drive		candy for parade		0 9 0 9 1 5 \$331.20
City		State	Zip Code	Received at Fundraising Event?
Grove City		OH	43123	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Patricia A. Moncman				
Street Address		Description of Item or Service		M D Y Fair Market Value
4717 Nicholas Point Dr		Filing Fee		0 7 2 1 1 5 \$45.00
City		State	Zip Code	Received at Fundraising Event?
Grove City		OH	43123	<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
USPS				
Street Address		Description of Item or Service		M D Y Fair Market Value
		Postage		0 9 0 3 1 5 \$64.68
City		State	Zip Code	Received at Fundraising Event?
Grove City		OH	43123	<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
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 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)]