	CONTRACTOR OF THE PROPERTY OF
Page	2_

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hunter for Trustee							
			10			0	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Todd Kistler	Franklin Co. Engineers			Śwawanie w	parameter and		
Street Address	Description of Item or Service		M	D	5	Fair Market Value	
8700 Alkire Rd.	County Atlases		1 0 2 3 0 9 100.00				
City	State Zip Code		Receive	d at Fund	raising Ev	processing.	
Grove City	$I \cap I H$	43123	L	YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Ruth Hunter	Retired		Paramanda				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	herrininessermierocomunaca.
8900 Alkire Rd.	ink cartridges		10	3 1	0 9		81.10
City	State Zip Code		Received at Fundraising Event?				
Grove City	h H	43123		YES		√ _{NO}	
Full Name of Contributor	หายน้ำอยังเทยทั้งเทยออยเพราะของโดยเพลาะเหลายดเลยเลยเ		Pagistra		har if DA		
run Name of Controltor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
постичення пости на при	- CT		3.5	T 5	1 × r	C-'- X X X X X X	www.commonsommer.com
Street Address	Description of Ite	m or service	М	D	Y	Fair Market Value	
				ļ	L		
City	State	Zip Code	Receive		raising Ev	1	
				YES	All parties and the second	NO	
Full Name of Contributor	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	Receive	l at Fundi	raising Ev	ent?	Microsophic and Control of Contro
		acadimin and a second a second and a second		YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	I-Y	Fair Market Value	denistra emercia de emparaciona e
City	State	Zip Code	Receive	l at Fundi	raising Ev	ent?	TATA COMERCE CONTRACTOR CONTRACTO
	ĺ			YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
an Name of Controlled	Linployer, Occup	registration rumber, it i AC					
Street Address			1,7		1 37	T2-1- X d - 1 - 2 X 7- 1	NONCONDENSE DE LA CARRON DE LA C
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
			-		L		*************
City	State	Zip Code	Received		raising Ev	1	
			YESNO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
			CETAMORP		on the second		
City	State	Zip Code	Received	l at Fundi	aising Ev	ent?	the control of the co
	in Grand Control	and the state of t		YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
	registration Number, it fac						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	****
			1		1	1 an iriance value	
City	State	Zip Code	Pacsir	l of Front	aising Ev	ant?	40000000000000000000000000000000000000
	State Prip Code		Treceive.		aising EV		
		E .		YES		NO	

Page Total \$ 181.10

^{*} 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)]