



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee								
Schottke for GC								
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Roby Schottke								
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value		
Full Name of Contributor  Roby Schottke  Street Address  4912 M Wulf4St. Facebook  City State  Brove City Description of Item or State  One City State  OH T		xc Ad		10	1.09			
City	1	State	Zip Code	Received at Fundraisi	ng Event?			
GROVE CITY DH			43123	1/23 Yes X No				
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC		if PAC			
Street Address Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value			
City State		State	Zip Code Received at Fundraisi		ng Event?			
		F	!	Yes No				
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if		if PAC			
					•			
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value		
			Duce (Minus De) 11 (17)	Ton Markot Gade				
City State		Zip Code Received at Fundraising Event?						
Gallo (		2500	Yes No					
		نيا						
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC			
	·		<u></u>			***************************************		
Street Address Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value			
City		State	Zip Code	Received at Fundraisi	ng Event?			
_			Yes No	No				
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC			
	*-							
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value		
City State		Zip Code	Received at Fundraising Event?					
			☐ Yes ☐ No					
	<u>l</u>		· L	<u> </u>				

\*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)]

Pag	e Tot	al \$		· · · · · · · · · · · · · · · · · · ·