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In-Kind Contributions Received

Page	_/

Prescribed by Secretary of State 03/05

Name of Company of Fall									
Name of Committee in Full Modernm for Greve City Council									
Full Name of Contributor	Employer Occupa	stion, Labor Organization*	Registration Number, if PAC						
1	Employa, Occupa	mon, Labor Organization	Kegistauon ivu	moer, 11 PAC					
Street Address	Description of Item	or Service /	M D	Y Fair Market Value					
Street Address J 4780 Saint Andrews Dr.	CARRY FOR PARADE State Zip Code		0909	15 331.20					
City CRAPE CLY Full Name of Contributor		Zip Code 43123	Received at Fun	draising Event?					
Full Name of Contributor		tion, Labor Organization*	Registration Nu						
TATIGA A. MONEMAN									
Street Address 4717 Nicholas Porate Da City	Description of Item or Service FINSE State Zip Code		M D Y Fair Market Value						
City	Sta te	Zip Code	Received at Fun						
GROVE CILY	OH	43123	☐ YES	□∕NO					
Full Name of Contributor USPS (GRIVE City Fixence	Employer, Occupa	tion, Labor Organization*	Registration Nur	mber, if PAC					
Street Address	Description of Item		1						
Sueci Address U			M	Y Fair Market Value					
City	7051	Taja Olimps	Received at Fun	15 64.68					
Carve Coly	811	tage Stamps	j						
Full Name of Coutributor		tion, Labor Organization*	C YES Registration Nur	DNO					
		dou, nation of gammados	Negration Na	aoci, a rice					
Street Address	Description of Item	or Service	M D	Y Fair Market Value					
City	Sta te	Zip Code	Received at Fund	draising Event?					
			□ YES	□ NO					
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Nur						
Street Address	Description of Item	or Service	M D	Y Fair Market Value					
City	Sta te	Zip Code	Received at Fund	draising Event?					
			□ YES	□ NO					
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Num						
Street Address	Description of Item	or Service	M D	Y Fair Market Value					
City	Sta te	Zip Code	Received at Fund	traising Event?					
			□ YES	□ NO					
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Num						
Street Address	Description of Item	or Service	M D	Y Fair Market Value					
City	Sta te	Zip Code	Received at Fund	_					
Full Name of Contributor	Employer Occupant	tion, Labor Organization*	Registration Num	nber if PAC					
, and Avante of Conditional	атрија, остра	and organization	Tregisciation item						
Street Address	Description of Item	or Service	M D	Y Fair Market Value					
City	Sta te	Zip Code	Received at Func	draising Event?					

Page Total \$ 440.86

^{*} 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)]