

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
4780 Saint Andrews Dr.	Candy for Parade	0	9	09
City	State	Zip Code	Fair Market Value	
Grove City	OH	43123	331.20	
		Received at Fundraising Event?		
		<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
4717 Nicholas Pointe Dr.	Filing Fee	0	7	21
City	State	Zip Code	Fair Market Value	
Grove City	OH	43123	45.00	
		Received at Fundraising Event?		
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC		
USPS (Grove City France)				
Street Address	Description of Item or Service	M	D	Y
	Postage Stamps	6	9	03
City	State	Zip Code	Fair Market Value	
Grove City	OH	43123	64.68	
		Received at Fundraising Event?		
		<input type="checkbox"/> YES <input checked="" 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
City	State	Zip Code	Fair Market Value	
		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
City	State	Zip Code	Fair Market Value	
		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
City	State	Zip Code	Fair Market Value	
		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
City	State	Zip Code	Fair Market Value	
		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)]