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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Committee to elect John Stewart	<del></del>		7= .			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
John Stewart		oration Executive	<u> </u>			F***
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
855 Bryn Mawr Drive	Signs				L l	871.97
City	State Zip Code		Received at Fundraising Event?			
Gahanna	OH	43230		YES		✓NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
John Stewart	Transporation Executive		1			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
855 Bryn Mawr Drive	Writ	te In Mailings	1 1			1,800.28
City	State	Zip Code	Receive	d at Fund	raising F	
Gahanna	OH	43230	1 [	YES	~	√ио
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
John Stewart		oration Executive				
Street Address	Description of Ite		M D Y Fair Market Value			Fair Market Value
855 Bryn Mawr Drive		ite registration	0 9	1		
City	State	Zip Code		d at Fund		
Gahanna	OH	1 ·	Receive	YES	i aistiig L	NO
Full Name of Contributor			Danistee	tion Num	L :6 D	
Full Name of Controllor	Employer, Occupation, Labor Organization *		Kegistra	ition Nur	iber, it P	AC
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
			$\perp \perp$			
City	State	Zip Code	Receive	d at Fund	raising F	
				YES		NO
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
	<u> </u>			<u> </u>		
City	State	Zip Code	Receive	d at Fund	raising E	Event?
				YES		о
Full Name of Contributor	ntributor Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value
	is estription of nom of service		1 1	Ĺ		
City	State	Zip Code	Receive	d at Fund	raising F	Syent's
l <sup>*</sup>	1	Esp coac		lyes	indistrib t	No
Full Name of Contributor	Employer Occur	nation Labor Organization *	Degistes		har if D	
	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
				<u> </u>		
City	State	Zip Code	Receive	d at Fund YES	raising E	Event?
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Commandation			ļ.,	T =	T	In the second
Street Address	Description of Item or Service		M 	D	Y 	Fair Market Value
City	State	Zip Code	Receive	d at Fund	raising E	event?
				YES		ОИ

<sup>\*</sup> 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)]