

In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

<u>, </u>							
Name of Committee in Full Marilyn Rush-Ekelberry fo	r Counci	1					
Full Name of Contributor				Registration Number, if PAC			
Marilyn Rush-Ekelberry		way cabor organization	Incgisua	HOII 14MI	11001; II I	AC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
124 Beaty Ct.	Contribution for Part		1 1	0 8	11	\$250.55	
City	Sta te	Zip Code	Received at Fundraising Event?				
Canal Winchester	OH 43110		□ YE	☐ YES <u>Æ</u> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, i		nber, if I	if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?				
			☐ YES ☐ NO				
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Item	or Service	Me D Y Fair Market Value				
City	Sta te	Zip Code	Receive	d at Fund	Iraising l	Event?	
			☐ YE			NO	
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value	
City	Sta te	Zip Code	Receive	d at Fund	traising !	Event?	
			☐ YES ☐ NO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item or Service M D Y Fair Market Value		Fair Market Value				
City	Sta te	Zip Code	Received YES	d at Func	_		
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	YES INO Registration Number, if PAC				
Street Address	Description of Item	or Service	M D Y Fair Market Value				
City	Sta te	Zip Code	Receive		_		
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	YES INO Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	Sta te	Zip Code	Received	d at Fund	_	Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item		M D Y Fair Market Value				
City	Sta te	Zip Code	Received YES	d at Func	_	Event? 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)]