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In-Kind Contributions Received

Page 3

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Elect Mariage Brant		İ	
Citizens to Elect Marjorie Brant		19-learne Marie 1804 C	
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC	
Marjorie H. Brant			
Street Address	Description of Item or Service	M D Y Fair Market Value	
2605 Bryan Circle	postage stamps	1 0 0 5 1 1 \$58.00	
City:	State Zip Code	Received at Fundraising Event?	
Grove City	OH 43123	QYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
A TERROR OF CONTRACTOR			
Course Address	Description of Item or Service	M D Y Fair Market Value	
Street Address			
	State Zip Code	Received at Fundraising Event?	
City			
	OH	OYES ONO Registration Number if PAC	
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	
City	State Zip Code	Received at Fundraising Event?	
	OH	OYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC	
THE LANGE AT CONTRIBUTION		1	
	Description of Item or Service	M D Y Fair Market Value	
Street Address			
	Starte Zip Code	Received at Fundraising Event?	
City	State Zip Code		
		O YES O NO Registration Number, if PAC	
Full Name of Contributor	Employer, Occupation, Labor Organization*	regulation values, it fac	
		V I B I V I STATE OF THE STATE	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Sta te Zip Code	Received at Fundraising Event?	
i •	OH	OYES ONO	
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC	
i will ready of Commonwe			
G. Alfra	Description of Item or Service	M D Y Fair Market Value	
Street Address			
	Sta te Zip Code	Received at Fundraising Event?	
City	OH Zip Coule		
		O YES O NO Registration Number, if PAC	
Full Name of Contributor	Employer, Occupation, Labor Organization®	Program associate a transferrate to a 1 1 1 2 2	
1		M D Yi Fair Market Value	
Street Address	Description of Item or Service	M D Y Fair Market Value	
1	ļ <u> </u>		
City	State Zip Code	Received at Fundraising Event?	
f'	OH	OYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Full Manie of Contributor			
6	Description of Item or Service	M D Y Fair Market Value	
Street Address	V		
	State Zip Code	Received at Fundraising Event?	
City	Sta te Zip Code OH		
	UTI	OYES O NO	
	1		

Page Total \$58.00

^{*} 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)]