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R	L.C.	35	17.	10

In-Kind Contributions Received

Page 5

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Gerber for Council				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
See Attached Statement	Zinpibyai, Oscapanon, Sabor C			
Street Address	Description of Item or Service	<u>:</u> 	M D Y Fair Market Value	
Isheet Address	Superiplian of none of the		\$372.00	
City	State Zip Code		Received at Fundraising Event?	
·	-		O YES O 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	
City	State Zip Code		Received at Fundraising Event?	
			O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor C)rganizacion*	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?	
	,		O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor C	organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	Sust te Zip Code		Received at Fundraising Event? O YES NO	
Full Name of Contributor	Employer, Occupation, Labor C	rganization*	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? O YES O NO	
Full Name of Contributor	.Employer, Occupation, Labor C	Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	Stat te Zîp Code		Received at Fundraising Event? O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor C	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? OYES NO	
Full Name of Contributor	Employer, Occupation, Labor C	organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Markel Value	
City	State Zip Code		Received at Fundraising Event? OYES ONO	

Page Total \$372.00

^{*} 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)]