

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee to Elect Con Trent			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Sabrina Walters Walters	Upper Arlington Schools		
Street Address	Description of Item or Service	M	D Y Fair Market Value
2651 Bridgeview Rd.	in home hospitality/postage	0	7 0 7 1 1 175.00
City	State Zip Code	Received at Fundraising Event?	
Upper Arlington	OH 43221	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Robert J. Groe Thomas J. Groe			
Street Address	Description of Item or Service	M	D Y Fair Market Value
982 JAEGER ST.	Catering / Food	0	9 2 2 1 1 512.00
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43206	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Thomas J. Groe			
Street Address	Description of Item or Service	M	D Y Fair Market Value
982 JAEGER ST.	WINE/BEER/BEVERAGES	0	9 2 2 1 1 520.00
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43206	<input checked="" 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 Fair Market Value
City	State Zip Code	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 Fair Market Value
City	State Zip Code	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 Fair Market Value
City	State Zip Code	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 Fair Market Value
City	State Zip Code	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 Fair Market Value
City	State Zip Code	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)]