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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			***************************************	Mineral Company	-				
Citizens for Shane Ewald				××××××××××××××××××××××××××××××××××××××		***************************************			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Shane Ewald		attorney							
Street Address	Description of Ite	Description of Item or Service			Y	Fair Market Value			
126 Walnut Street		filing fee			0 9		45.00		
City	State				Received at Fundraising Event?				
Gahanna	$O \mid H$	O H 43230			☐ YES ☑ NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		l at Fundi YES	aising Ev	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Received	l at Fundi YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		l at Fundi YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value			
City .	State	Zip Code	Received		raising Ev	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	·	d at Fund YES	raising Ev	vent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	1 —	d at Fund YES	raising E	vent?			

^{*} 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)]