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K		Ξ.	35	1	7.	10

In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Restage Galancia							
Full Name of Contributor	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Restore Gahanna Full Name of Contributor Tohn Stewart	Description of Item or Service						
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value	
PG Box 109	Printin	\ α				1897.91	
	Sta te Zip Code		Received at Fundraising Event?				
Worthington	Printing State Zip Gode Oh 43085			□ yes 💥 no			
City Worthington Full Name of Contributor John Stewart	Employer, Occupat	tion, Labor Organization*	Registra	ition Nu	mber, if	PAC	
John Stewart	Transpurtation Description of Item or Service			M D Yı Fair Market Value			
Street Address				D	Y	Fair Market Value	
PO Box 109 City Worthington	tostag	12 Code 4 3085	<u> </u>			12141.24	
City Nove Manager	State J	Zip Code A: ZXX		d at Fun	draising		
Full Name of Contributor	1	tion, Labor Organization*	□ YE		N N	NO	
Put Name of Commonior	Employer, Occupat	non, 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 Fun	draising	Event?	
			O YE	s	Ω) no	
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registra	tion Nu	mber, if	PAC	
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value	
City	Sta te	Zip Code	Receive	dat Fun	draising	Event?	
			□ YE	e	r] NO	
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*		tion Nu			
Street Address	Description of Item or Service		M	D	Y	Fair Market Vulue	
City	Sta te	Zip Code	Receive	d at Fun	draising	Event?	
		<u></u>	☐ YE			00 [
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registra	ntion Nu	mber, if	PAC	
Street Address	Description of Item	or Service	M	D	Ϋ́	Fair Market Value	
	,						
City	Sta te	Zip Code	Receive	d at Fun	draising	Event?	
İ			□ YE	S	C] NO	
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*		tion Nu			
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value	
		Terror		11			
City	Sta te Zip Code		Received at Fundraising Event?				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
			-				
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value	
City	Sta te	Zip Code	Receive	d at Fur	draising	Event?	
			□ YE	S	[] NO	

Page Total \$409 15

^{*} 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)]