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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Scott Mounts for GJ School Board								
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Scott Mounts	August Mack Env., Inc.			N/A				
Street Address	Description of Item or Service			M D Y Fair Market Value				
195 Greenbank	Printing/A.G.E Graphics			2 1	0 9		74.55	
City	State Zip Code			1   0   2   1   0   9   74.55   Received at Fundraising Event?				
Gahanna	O H	43230		YES		☑NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Scott Mounts	August Mack Env., Inc.			N/A				
Street Address	Description of Item or Service			D	Y	Fair Market Va		
195 Greenbank	Metcalf I	1 0	2 6	0 9		179.64		
City	State	Zip Code	Receive		raising Ev			
Gahanna	$\circ$ $H$	43230		YES		✓ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Scott Mounts		Mack Env., Inc.	N/A				***************************************	
Street Address	Description of Item or Service			D	Y	Fair Market Va		
195 Greenbank		Design & Printing	1 1	0 2	0 9	<u></u>	43.74	
City		Zip Code	Receive		raising Ev			
Gahanna	o H	43230		YES		✓NO		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service			D	Y	Fair Market Va	lue	
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent? ✓ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Va	lue	
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?	***************************************	
*				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service			D	Y	Fair Market Va	alue	
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vent?	e de la companya de l	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Service			D	Y	Fair Market Va	alue	
City	State Zip Code			Received at Fundraising Event?  YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of Item or Service			D	Y	Fair Market Va	alue	
City	State Zip Code			Received at Fundraising Event?				
				YES		NO		

<sup>\*</sup> 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)]