31-	J -	I	
R.C.	35	17.	10

In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Fred Berkemer for Norwich Township Trustee	Э						
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Fred L. Berkemer							
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	
1806 Hickory Hill Drive	Yard signs	Yard signs		b 1	0 9	\$200.00	
City	Sta te				Event?		
Columbus	OH	43228	OYE	O YES O NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
	1						
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	
	_		7777				
City	Sta te	Zip Code	Receive	d at Fun	draising	Event?	
. •	OH	-	O YE	S	C) NO	
Full Name of Contributor		pation, Labor Organization*		o ntion Nu			
		• · · · · · · · · · · · · · · · · · · ·					
Street Address	Description of Ite	em or Service	M D Y Fair Market Value				
City	Sta te	Zip Code	Receive	d at Fun	draising	Event?	
<u>-</u>	OH	*	_		_		
Full Name of Contributor		pation, Labor Organization*	Q YE Registra	S ation Nu	CONTRACTOR OF THE PARTY OF THE) NO PAC	
I an ivane of Controllor	Zimpioyoi, Occu	-b	1				
Street Address	Description of It.	Description of Item or Service		D	Y	Fair Market Value	
Street Address	Description of 10	O 0. DOL 1700	M				
City	Sta te	Zip Code	Receive	d at Fun	draisino	Event?	
City	OH	Zip code	Received at Fundraising Event?				
Full Name of Contributor		Employer, Occupation, Labor Organization* Registration Number, if PAC					
Lan Manie of Controllor	Employer, Occu	ipanon, Edoor Organization	I Registi				
Street Address	Description of It	Description of Item or Service		D	V	Fair Market Value	
Succi Aduless	Description of it	om or our rive	M				
City	Stal te	Zip Code	Receive	d at Fun	draising	Event?	
City	OH State	Zip Code	Received at Fundraising Event?				
S. I.D		Employer, Occupation, Labor Organization*		O YES O NO			
Full Name of Contributor	Employer, Occu			Registration Number, if PAC			
		Description of Item or Service		D		Fair Market Value	
Street Address	Description of It	citi of Service	M		1	I dii Markot Value	
		7: 6.1		d at F	draisis	Event?	
City	OH Stal te	Zip Code		d at Fun	_		
	1 ;	1 1		O YES O NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
			M	12	1 43	Total Made NO.	
Street Address Descriptio		scription of Item or Service		D	Y	Fair Market Value	
C.1.)		Zip Code	Received at Fundraising Event?				
	OH		O YE		The contract of the contract o) NO	
Full Name of Contributor	Employer, Occi	ipation, Labor Organization*	Registr	ation Nu	mber, if	PAC	
				1	13		
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value	
City	Stal te	Zip Code	Receive	ed at Fur			
	OH		OYE	S	() NO	

Page Total \$200.00

^{*} 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)]