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R	.C. 3517.	10

## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full		
Gerber for Council		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
See Attached Statement	Employor, Cocapation, Euros Organization	registration Parties, 11 AC
Street Address	Description of Item or Service	M D Y Fair Market Value \$372.00
City	Sta te Zip Code	Received at Fundraising Event? OYES ONO
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	Starte Zip Code	Received at Fundraising Event?  O YES  O 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? O YES O 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	Sta te Zip Code	Received at Fundraising Event?  O YES  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	Sta' te Zip Code!	Received at Fundraising Event?  O YES  O 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?  YES  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?  O YES  NO
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Faii Market Value
City	State Zip Code	Received at Fundraising Event?  O YES  O NO

Page Total \$372.00

<sup>\*</sup> 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)]