31-	J-l	
RC	3517	10

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full	1 i	2		
Tim Warbel for	City Council			
Full Name of Contributor		tion, Labor Organization*	Registration Number, if PAC	
1111 Walbel .				
Name of Committee in Full Tim Warbel for Full Name of Contributor Tim Warbel Street Address 217 Mohican Dr. City Canal Windoster Full Name of Contributor	Graphe 7	or Service TO. ech no logue - 319 N	M D 3 / D Fair Market Value 59 4 46 59	
City Canal (s) cochoster	Sta te	Zip Code 43// 0	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	Sta te	Zip Code	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Number, if PAC	
	Suprey of, Greenparey, Suprey organization			
Street Address	Description of Item	or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
			□ YES □ NO	
Full Name of Contributor	Employer, Occupa	tion, 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?	
			☐ YES ☐ NO	
Full Name of Contributor			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?	
			☐ 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?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC			
Street Address	Description of Item	ı or Service	M D Y Fair Market Value	
City	Sta te	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	Sta te	Zip Code	Received at Fundraising Event?	
	1	1	<u> </u>	

Page Total S 446.

^{*} 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)]