31-	J-1	
RС	3517	10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Committee for Monica DeBroc	· L		
Full Name of Contributor	Employer, Occupation, Labor Organizatio	n * Registration Number, if PAC	
Monica DeBrock	Employer, Occupation, Easter Organizatio	in Registration Number, it 1740	
Street Address	Description of Item or Service	M D Y Fair Market Value	
7400 E Bryden Road	Hotcards/SignRocke	Received at Fundraising Event?	
City Reynoldsburg	State Zip Code H 43068	YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organizatio	Employer, Occupation, Labor Organization * Registration Number, if PAC	
Street Address	Description of Item or Service	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? YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organizatio	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	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	on * 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	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	on * 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	

Page Total \$ 738.33

^{*} 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)]