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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in P. II		
Name of Committee in Full  Citizens for Shape Fryald		
Citizens for Shane Ewald Full Name of Contributor	Templome Opposition Late 10 1 101 1	Province Name of DAC
Shane Ewald	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
126 Walnut Street	1	
City	filing fee State Zip Code	0 7 2 4 1 5 45.00 Received at Fundraising Event?
Gahanna	O   H   43230	YES VO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Shane Ewald		
Street Address	Description of Item or Service	M D Y Fair Market Value
126 Walnut Street	design and printing	0 8 2 7 1 5 70.51
City	State Zip Code	Received at Fundraising Event?
<u>G</u> ahanna	O H 43230	YES VNG
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Shane Ewald		
Street Address	Description of Item or Service	M D Y Fair Market Value
126 Walnut Street	design and printing	0 9 0 1 1 5 30.50
City	State Zîp Code	Received at Fundraising Event?
Gahanna	O H 43230	YES✓NG
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Shane Ewald		
Street Address	Description of Item or Service	M D Y Fair Market Value
126 Walnut Street	design and printing	0 9 1 2 1 5 30.50
C - t	State Zip Code	Received at Fundraising Event?  YES VO
Gahanna Full Name of Contributor	O H 43230	******
Elizabeth T. Smith	Employer, Occupation, Labor Organization *	Registration Number, if PAC
EHZADEHI 1. SINITH Street Address	Description of Item or Service	M D Y Fair Market Value
1045 Eastchester Dr.	catering/event	1 0 0 1 1 5 209.00
City	State Zip Code	Received at Fundraising Event?
Gahanna	O   H   43230	YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
	Employer, Occupation, Labor Organization - Registration Number, it 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 Hem or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
		THS 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
L	<u> </u>	<u> </u>

Page Total \$	385.51

<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)]