

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full GERBER FOR COUNCIL				
Full Name of Contributor Christine Close		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 7360 Bellaine Court		Description of Item or Service reception		M D Y Fair Market Value 0 9 2 9 1 5 250.00
City Dublin		State OH	Zip Code 43017	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Michael S. Close		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 7360 Bellaine Court		Description of Item or Service reception		M D Y Fair Market Value 0 9 2 9 1 5 250.00
City Dublin		State OH	Zip Code 43017	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Toni Burkholder		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 10291 Sylvian		Description of Item or Service reception		M D Y Fair Market Value 0 9 3 0 1 5 200.00
City Dublin		State OH	Zip Code 43017	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]