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R.C.	3517.10

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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

N 20 1 1 0 1								
Name of Committee in Full								
GERBER FOR COUNCIL			··					
Full Name of Contributor	Employer, Occupation, Labor Organization *		or Organization *	Registration Number, if PAC				
Christine Close				<u> </u>			÷.	
Street Address	Description of Item or Service		ce	М	D	Y	Fair Market V	alue
7360 Bellaine Court	reception		ion	0 9	2 9	1 5	ļ	250.00
City	State	Zip Code			d at Fundr		ent?	
Dublin	OH	1	43017		YES	_	Пио	
Full Name of Contributor		cupation, Lab	or Organization *	Registra	tion Num	ber, if PA	C	
Michael S. Close	1	•	v			,	-	
Street Address	Description of Item or Service		re.	м	D	Y	Fair Market V	/alua
7360 Bellaine Court		recept	_	0 9			i aa ivaaree v	250.00
City	State	Zip Code			d at Fundr		1	250.00
Dublin		Zap Code			YES	aising Ev		
Full Name of Contributor	OH		43017				∟⊔ио	
	Employer, Oc	ccupation, Lab	or Organization *	Registra	tion Num	ber, if PA	.C	
Toni Burkholder				<u> </u>				
Street Address	Description of	of Item or Servi		M	D		Fair Market V	
10291 Sylvian		recept	ion	0 9	3 0	1 5	1	200.00
City	State	Zip Code		Received	d at Fundr	aising Ev	rent?	
_Dublin	OH		43017		YES		□ NO	i
Full Name of Contributor	Employer, Oc	ccupation, Lab	or Organization *	Registra	tion Num	ber, if PA	c	
			_	Ĭ		•		
Street Address	Description of Item or Service		re-	М	D	Y	Fair Market V	/alua
				177		1 1	1 444	and .
City	State	Zip Code		Panaira	d at Fundr	niona Fa	L	
,	31210	Jzip Couc			YES	arsing Ev	NO NO	
Full Name of Contributor	E-reference O		or Organization *			CDA		
rus tvane of Controllor	Employer, O	cupation, Lab	r Organization *	Kegistra	tion Num	per, if PA	C	
C								
Street Address	Description o	f Item or Servi	ce	M	D	Y	Fair Market V	/alue
	<u> </u>			1			<u> </u>	
City	State	Zip Code		Receive	d at Fundi	raising Ev	_	
					YES		NO	
Full Name of Contributor	Employer, O	ccupation, Lab	or Organization *	Registra	tion Numl	ber, if PA	.C	
	1							
Street Address	Description of	f Item or Servi	ce	М	D	Y	Fair Market V	/alue
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City	State	Zip Code		Receive	d at Fundr	aising Ev	rent?	
	l 1	1			YES		NO	
Full Name of Contributor	Employer O	ccupation lab	or Organization *	Registra	tion Num	her if PA		
	Lp.o, c., o	oupation, car	or Greating the state of the st	I Copiacia	non rem	oci, ii i A		
Street Address	Description	f Item or Servi		М	1 6	V	Fair Market V	f - 1
SHEET AUGUSS	i escription c	it ttelli or Servi	ce] M	D _i	Y	Pair Market V	alue
0	<u> </u>	In: 0 1		j j	1 1		L <u>.</u>	
City	State	Zip Code		Receive	d at Fundi	raising Ev		
	<u> </u>			<u> </u>	YES		NO	
Full Name of Contributor	Employer, O	ecupation, Lab	or Organization *	Registra	tion Num	ber, if PA	.C	
	L			<u> </u>				
Street Address	Description of	of Item or Serv	ce	М	D	Y	Fair Market \	/alue
	<u> </u>				ĺ			
City	State	Zip Code		Receive	d at Fundi	raising Ev	ent?	· ·
					YES		NO	.]

Page Total \$	700.00

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is selfemployed, occupaton 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)]