

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

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| Name of Committee in Full Committee to Elect Donald Schonhardt | | | |
| Full Name of Contributor Heritage Golf Club | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address 3525 Heritage Club Dr. | Description of Item or Service Food & Beverage | M D Y Fair Market Value 0 2 2 3 1 1 418.50 | |
| City Hilliard | State Zip Code O H 43026 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor Makoy Center | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address 5462 Center St. | Description of Item or Service Food & Beverage | M D Y Fair Market Value 0 2 2 6 1 1 100.00 | |
| City Hilliard | State Zip Code O H 43026 | Received at Fundraising Event? <input checked="" 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 | |
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| 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)]