In-Kind Contributions Received

Page ____

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Stephen Renner for Gahanna Cou			
Full Name of Contributor Citizens for Jolley	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
187 Regents Road	envelopes		1 0 1 9 1 1 \$2.03
City	Starte	Zip Code	Received at Fundraising Event?
Gahanna	OH	43230	Oyes O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
STEPHEN REDNER	Description of Item or Service		M D Y Fair Market Value
STEPHEN RENNER Street Address 940 QUAKER RINGES CT	DOMAIN	NAME RELISTAA	TW 1000111810.16
GAHANNA	State OH	Zip Code. 43230	Received at Fundraising Event? O YES NO
Full Name of Contributor STEPHEN REINER	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC
Street Address 740 QUAKER RINGS CT	Description of Item or Service		M D Y Fair Market Value
City Canalate A	Staj te OH	2ip Code 43230	Received at Fundraising Event? O YES NO
Full Name of Contributor		pation, Labor Organization*	Registration Number, if PAC
STEPHEN RENNER	Description of Ite	m or Service	M D Y Fair Market Value
340 QUAKER RIDGE CT	FOLDER	LARELS	100311925.00
GAHANNA	State OH	4323D	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, it PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	Starte OH	Zip Code	Received at Fundraising Event? O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address .	Description of Ite	m or Service	M D Y Fair Market Value
City	Star te OH	Zip Code	Received at Fundraising Event? O YES O 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 OH	Zip Code	Received at Fundraising Event? OYES 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	Sta te OH	Zip Code	Received at Fundraising Event? OYES O NO

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. {R.C. 3517.10(B)(4)]