In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				_				
Committee for Monica DeBrock								
Full Name of Contributor	Employer, Occur	Registration Number, if PAC						
Monica DeBrock	risinpioyer, Occup	regionation rumber, it the						
Street Address	Description of Its	М	D	Y	Fair Market Value			
7400 E. Bryden Road	Description of Item or Service Postcard Printing		4 1		1 4		76.20	
City	State Zip Code		Received				76.20	
Reynoldsburg	H 43068			zi rundi YES	aramia c.	√2×0		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
	and of the second secon		nvepsous.	0011000				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zîp Code	Received		aising E	vem?		
Full Name of Contributor	Employer, Occupation, Labor Organization *		YES NO Registration Number, if PAC					
and Name of Continuous	Limpioya, occup	regulation framed, it time						
Street Address	Description of Item or Service		M	D 	Y	Fair Market Value		
City	State	Zip Code	Received	at Fundr	aising Ev	vent?		
	<u> </u>		<u> </u>	YES		□NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration	on Num!	er, if PA	AC .		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Received	≈ Fundr YES	aising Ev	vent?		
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Number, if PAC					
Street Address	Description of Item or Service		M	Đ	Y	Fair Market Value		
City	State	Zip Code	Received	ot Funds	nicina E	<u></u>		
Chy	State	Zip Code		ze rundi Yes	anymik C	No.		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
and Name of Conditional	Lampaoy C., Occup	i commi		,				
Street Address	Description of Item or Service		M	D 	Y	Fair Market Value		
City	State	Zip Code	Received	≄ Fundr	aising Ev	em?		
			D	YES		No		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Ÿ	Fair Market Value		
City	State Zip Code		Received	≈ Fundr YES	aising Ev	yent?		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization •		on Numi	ber, if PA	AC .		
Street Address	Description of Item or Service		М	D	Ý	Fair Market Value		
City	State	Zip Code	Received		aising Ev			
	<u> </u>		<u> </u>	YES		N0		

Page Total \$	76.20	
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^{*} 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)]