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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	1								
Scott Mounts for GJ School Board		notion I obor Organization *	ID or inter-	ion Marc	har (FDA)				
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Scott Mounts		August Mack Env., Inc.			M D Y Fair Market Value				
Street Address		Description of Item or Service		D	Y 0 9	raii iviaikei Va	10e 282.23		
195 Greenbank		Printing / A.G.E Graphics					hat have buid		
City Gahanna	State	Zip Code 43230	Received	YES	raising Eve	NO NO			
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Scott Mounts		August Mack Env., Inc.		N/A					
Street Address		Description of Item or Service		D	Y	Fair Market Va	lue		
195 Greenbank	Metcalf	Metcalf Design & Printing			0 9		125.55		
City	State	Zip Code	Receive	d at Fund	raising Ev		gagairparmakin) (jamininkini kini kini Hilisto) (k		
Gahanna	o H	43230		YES		✓ NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Scott Mounts	Augus	t Mack Env., Inc.				J/A			
Street Address	Description of Ite	em or Service	М	D		Fair Market Va			
195 Greenbank	Metcalf	Design & Printing			0 9		46.64		
City	State	Zip Code	Receive		raising Ev				
Gahanna	0 H	43230		YES		✓ NO			
Full Name of Contributor	1	oation, Labor Organization *	Registra	tion Num	ber, if PA				
Scott Mounts		t Mack Env., Inc.	**************************************	eganestronomaterica		I/A			
Street Address	Description of It		М	D		Fair Market Va			
195 Greenbank	The second secon	ite/Lunarpages			0 9		55.35		
City	State	Zip Code	Receive		raising Ev				
Gahanna		43230		YES		✓NO			
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	tion Num	ber, if PA	С			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Va	lue		
553335									
City	State	Zip Code	Receive	•	raising Ev	ent?			
				YES		∐ NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Va	ilue		
City	State	Zip Code	Receive	d at Fund	raising Ev	ent?	24444444144444444444444444444444444444		
	-	EL SALES CONTRACTOR DE CONTRAC		YES		NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Va	lue		
	2 somption of it	Description of Rem of Scivice					-		
City	State	State Zip Code		Received at Fundraising Event? YES NO					
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Va	Mue		
City	State	Zip Code	Receive	d at Fund	raising Ev	l vent?			
City	State	zap Couc	I COCTO	YES	навину ЕУ	NO			

Page Total \$	509.77
event,	

^{*} 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)]