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## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

		, =====================================				
Mane of Committee in Full MONCMAN for GRIVE C		unal				
Full Name of Contributor  PATILIA A. MONGMAN	Epiphyer, Occupa	tion, Labor Organization*	Registra	tion Nun	aber, if F	PAC
Full Name of Contributor  FATILIA A. MONGMAN  Street Address  4717 Nicholas fointe De.	Description of Item or Service FOOR/DURK For Social		M D Y Fair Market Value /// 0.3 / 5 4/.3 7			
GRIVE CILS	FOOL Durk for Social State Zip Code OH 43123		Received at Fundraising Event			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
City	Sta te Zip Code		Received at Fundraising Event?			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
City	Sta te	Zip Code	Received		_	ivent?
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
City	Sta te	Zip Code	Received		_	Event?
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	Zip Code	Received		_	Event? NO
Full Name of Contributor	Employer, Occupation, Labor Organization®		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
City	State Zip Code		Received at Fundraising Event?			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
City	Sta te Zip Code		Received at Fundraising Event?  YES  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	Zip Code	Received		_	ivent? NO

Page Total \$ 41.37

<sup>\*</sup> 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)]