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, Occupation, Labor Organization * Registration Number, if PAC									
Full Name of Contributor Monica DoBrook	Employer, Oct	Registration Number, if PAC							
Monica DeBrock Street Address	Description of Item or Service			M	D	Y	Fair Market Value		
7400 Bryden Road	Filing Fee				0 9		i an Market Value	30.00	
City	State Zip Code			Received at Fundraising Event?					
Reynoldsburg	$O \perp E$	I	43068		YES		✓ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC				
Monica DeBrock	<u> </u>	<u> </u>							
Street Address	Description of Item or Service			M	21 =	Y	Fair Market Value		
7400 Bryden Road City	Campaign T-shirts State Zip Code			0 8		1 1 raising Ev	ent?	69.39	
Reynoldsburg			43068	I CCCIVC	YES	aising Ev	√NO		
Full Name of Contributor			Labor Organization *	Registra		ber, if PA			
Street Address	Description of	М	D	Y	Fair Market Value				
				<u> </u>	<u> </u>				
City	State Zip Code			Received at Fundraising Event?					
Full Name of Contributor	Employer, Occupation, Labor Organization *			YES NO					
run ivane of Congriduor	Employer, Oce	Registration Number, if PAC							
Street Address	Description of Item or Service			M	D	Y	Fair Market Value		
City	State	Zip C	ode	Receive	1	raising Ev			
	Employer, Occupation, Labor Organization *			YES NO					
Full Name of Contributor	Employer, Oc	Registration Number, if PAC							
Street Address	Description of Item or Service			M	D	Υ	Fair Market Value		
								i	
City	State	Zip C	Code	Receive	1	raising Ev	ent?		
<u>.</u>	<u> </u>			YESNO					
Full Name of Contributor	Employer, Oc	Registration Number, if PAC							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value		
	Sessing to see the see				Ī				
City	State	Zip C	Code	Receive	l at Fundi	raising Ev	/ent?		
				YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
Sana Adding	D. Ch Ci			N P V P P V V					
Street Address	Description of Item or Service			M	D	Y 	Fair Market Value		
City	State	Zip C	Code	Receive	l at Fundi	raising Ev	/ent?		
	1		YES 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	•	
		<u> </u>							
City	State	Zip C	Code Code	Receive		raising Ev			
				YES NO					

^{*} 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)]