In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Brian Larick					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Shane Ewald					
Street Address	Description of Item or Service		M D Y Fair Market Value		
126 WALAUT ST.	State Zip Code 0 H 43230				
City Gahanna OH	Sta te OH	Zip Code 43230	Received at Fundraising Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Shane Fuald					
Street Address	Description of Item or Service		M D V Fair Market Value		
126 Walnut ST.	State Zip Code				
City Cahanna	Sta te	2ip Code 4 3230	Received at Fundraising Event?		
Full Name of Contributor	1	,	Pres Number if B1C		
	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Trailey Larick Street Address	Description of Item or Service		M D Y Fair Market Value		
Street Address 774 Hunters Wen Dr. City			M D Y Fair Market Value S O S		
City	Sta te	Zip Code U3230	Received at Fundraising Event?		
Cahonna			☐ YES		
Full Name of Contributor Brian Laritk		tion, Labor Organization*			
Street Address	Description of Item or Service		M D Y Fair Market Value O 8 1 5 1 3 5 5 00		
774 Hunters Glen Dr.	Flea A				
City Cahana	O /4	Zip Code 43130	Received at Fundraising Event?		
Full Name of Contributor		tion, Labor Organization*	Registration Number, if PAC		
Brian Larick					
Street Address	Description of Item or Service		M 6 3 0 1 3 Fair Market Value 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
7/7 MUNTE-S WICH NO.	Pa- ad State	Zip Code	0 6 3 0 1 3 60 -3 Received at Fundraising Event?		
Street Address 774 Harre-s Glen Nr. City Cahana		43230	· ·		
Full Name of Contributor		tion, Labor Organization*	Registration Number, if PAC		
i an i mane of conditionor	Improjer, occupa	Description			
Street Address	Description of Item or Service		M D Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?		
City	J. J. L.	Took Com			
Full Name of Contributor	Employer, Occupa	tion, 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 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 at Fundraising Event?		
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Page Total S 585_00

^{*} 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)]