## **In-Kind Contributions Received**



Prescribed by Secretary of State 03/05

DY 60 / 1 10 10 10 10 10 10 10 10 10 10 10 10 1						
Name of Committee in Full CITIZEALS FOR STEPHEN RENNER FOR GAHANNA COUNCIL						
Full Name of Contributor	Employer, Occupat	Registration Number, if PAC				
SCOTT CHAPPELLE	STRATHMORE			,		_
Street Address 1427 W. SABIWAW, SUITE 200	Description of Hern or Service  FOOD & DRINKS		D7 17 13 92/10.20			
EAST LANSING, ATT	Sta te   Zip Code		Received at Fundraising Event?  ✓ YES □ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
MADREENA RENNER	SOZF					
	Description of Item or Service FOR		M D Y Fair Market Value			
375 WODAMARK PLUN	CANDY +1	CANDY + POSTERS ARGADIS		Received at Fundraising Event?		
CALIFIAMI	State	12.17 Code				
Full Name of Contributor	Employer Occupa	tion Labor Organization*	☐ YES			NO AC
run Name of Conditionor	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	Receive	d at Fund	raising E	ivent?
			□ YE	s	0	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	State	Zip Code	Received	ived at Fundraising Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item or Service		Mi.	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive	d at Fund	raising F	vent?
	}		□ 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	Receive	d at Fund		ivent?
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
S	Danisias of tour	or Service	M	T Di	T Yı	Fair Market Value
Street Address	Description of Item or Service					Tan Market Voice
City	Sta te	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		M	D	Y	Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?  YES D NO			
1	1	I	<u></u>			

<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)]