In-Kind Contributions Received

12 #

Prescribed by Secretary of State 03/05

Name of Committee in Full	·		
Schotter for GC			
Full Name of Contributor	Employer, Occupa-	tion, Labor Organization*	Registration Number, if PAC
Full Name of Contributor Twinkle Schottke Street Address 4912 McNulty St. City	1		
Street Address	Description of Item	nr Carrica	M D Y Fair Market Value
110 - 11 11 (1	1		092315 44.76
19412 /12/Vulty St.	(rach	c Pots Zip Code	09 23 13 44,74
City			Received at Fundraising Event?
City Grove City	04	43123	NO □ NO
Full Name of Contributor		tion. Labor Organization*	Registration Number, if PAC
Towards Solition			
Street Address	Description of Item or Service		M. D. V. Fair Market Value
110 a M	Paper Supplies		4600 - 200-
4412 116 Nulty 5t.	Taper	Supplies	M D Y Fair Market Value U 9 1 2 1 5 2 9, 93 Received at Fundraising Event?
City	i	1 .	Received at Fundraising Event?
Full Name of Contributor Twinkle Schittice Street Address 4912 Mc Nulty 5t. City Grove City	OH	43123	TVES INO
Full Name of Contributor	Employer, Occupat	tion. Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
Ch.		la: c-1.	Desired a Fordaria Desired
City	Sta te	Zip Code	Received at Fundraising Event?
			☐ YES ☐ NO
Full Name of Contributor	Employer, Occupat	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?
City	State	Zip Code	Received at Functioning Event:
			☐ YES ☐ NO
Full Name of Contributor	Employer, Occupat	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?
5.1 ,	34."	Esp Cook	receives at a minusing 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?
E HY			C YES C NO
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Number, if PAC
	ļ		•
Street Address	Description of Item or Service		M 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
1 on rouge of Communica	Employer, Occupation, Labor Organization*		registration runner, it fac
Street Address	Description of Item or Service		M D Y Fair Market Value
	1		
City	Sta re	Zip Code	Received at Fundraising Event?
			☐ YES ☐ NO
	1	L	ان تندا دعت تندا

^{*} 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)]