

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
JERRY BENSON FOR COUNCIL			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
JERRY BENSON			
Street Address	Description of Item or Service	M	D Y Fair Market Value
1716 CHILLICOTHE ST	YARD SIGNS	0	5 04 2015 \$250.00
City	State Zip Code	Received at Fundraising Event?	
OBetz	OHio 43207	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
JERRY BENSON			
Street Address	Description of Item or Service	M	D Y Fair Market Value
1716 CHILLICOTHE ST.	YARD SIGNS LIKE	0	5 18 2015 \$65.00
City	State Zip Code	Received at Fundraising Event?	
OBetz	OHio 43207	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
JERRY BENSON			
Street Address	Description of Item or Service	M	D Y Fair Market Value
1716 CHILLICOTHE ST.	PAPER FLYER	0	5 06 2015 \$48.38
City	State Zip Code	Received at Fundraising Event?	
OBetz	OHio 43207	<input type="checkbox"/> YES <input type="checkbox"/> 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 at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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 at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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 at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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 at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]