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In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full SERRY BEN 50N FOR CONC. L Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC							
DEKKY DEN SON FOR	COUNCI	- I -box Oromination	D maintantin-	Number if DAC			
Full Name of Contributor/ TERRY BENSON	Employer, Occupati	on, Labor Organization*		Number, if PAC			
Street Address 1716 Ch: Llicathe ST City On the ST	Description of Item of		M 5 0	Fair Market Value 7 2 50.00			
City OBET2	State.	516'NS Zip Code 43707	Received at I	Fundraising Event?			
UDE 15			☐ YES	Number, if PAC			
Full Name of Contributor SERRY BENSON Street Address	Employer, Occupati	on, Labor Organization*					
Street Address	Description of Item	or Service	M D	Y Fair Market Value			
1716 Chillicothe ST.	YAROL	SIENS WIKE Zip Code 43207		Pundraising Event?			
OBETZ			☐ YES	NO			
Full Name of Contributor	Employer, Occupati	on, Labor Organization*	Registration	Number, if PAC			
Street Address	Description of Item		MI	Fair Market Value			
Street Address / 716 Chillicothy ST.	Sta te	F4457 Zip Code 43267	Received at	Fundraising Event?			
OBETZ			☐ YES	□ NO Number, if PAC			
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration	Number, if PAC			
Street Address	Description of Item	or Service		D Y Fair Market Value			
City	Sta te	Zip Code	1_	Fundraising Event?			
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration	Number, if PAC			
Street Address	Description of Item	Description of Item or Service		Y Fair Market Value			
City	Sta te	Zip Code	Received at	Fundraising Event?			
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*		Number, if PAC			
Street Address	Description of item	or Service	M I	D Y Fair Market Value			
City	Sta te	Zip Code	Received at	Fundraising Event?			
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*		n Number, if PAC			
Street Address	Description of Item	or Service	M 1	D Y Fair Market Value			
City	Sta te	Sta ie Zip Code		Received at Fundraising Event?			
Full Name of Contributor	Employer, Occupa	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	t Fundraising Event?			
							

Page Total S 363.38

^{*} 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)]