

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>GERBER FOR COUNCIL</b>				
Full Name of Contributor <b>Christine Close</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>7360 Bellaine Court</b>		Description of Item or Service <b>reception</b>		M   D   Y   Fair Market Value <b>0   9   2   9   1   5   250.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Michael S. Close</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>7360 Bellaine Court</b>		Description of Item or Service <b>reception</b>		M   D   Y   Fair Market Value <b>0   9   2   9   1   5   250.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Toni Burkholder</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>10291 Sylvian</b>		Description of Item or Service <b>reception</b>		M   D   Y   Fair Market Value <b>0   9   3   0   1   5   200.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	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	
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 individual over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]