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Page

## **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01

<u> </u>							
Name of Committee in Full GERBER FOR COUNCIL							
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Christine Close		•					
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	e
7360 Bellaine Court	reception		0 9	219	1   5		250.00
City	State	Zip Code		l at Fund			
Dublin	он !	43017		YES	Ü	<b></b> МО	
Full Name of Contributor		ation, Labor Organization *	Registra	tion Num	ber, if PA	AC	
Michael S. Close	ļ		1				
Street Address	Description of Item or Service		М	D	Y	Fair Market Valu	c
7360 Bellaine Court	reception		0 9	2 9	1   5		250.00
City	State	Zip Code		d at Fund			<del></del>
Dublin	OH	43017	<b>V</b>	YES		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC				
Toni Burkholder	ľ		1				1
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Valu	e
10291 Sylvian	1	reception	0 9	310	1 5		200.00
City	State	Zip Code	Receive	at Fund			
Dublin	OH	43017		YES		□NO	
Full Name of Contributor		ation, Labor Organization *	Registra	tion Num	ber, if PA	VC	
Street Address	Description of Ita	m on Canalan	M	<u> </u>	V	Cais Madest Valu	
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Valu	е .
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		NO _	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC	
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	e
	<u> </u>	<del></del>					
City	State	Zip Code	Received	at Fund	raising E		
				YES		∐NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC .	
reet Address Description of Item or Service		m or Service	М	D	Y	Fair Market Valu	e
	<u> </u>			l. l		<u> </u>	
City	State	Zip Code	Receive	at Fund YES	raising E	vent?	
Full Name of Contributor	Employer, Occum	ation, Labor Organization *	Registra	tion Num	ber, if PA		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, ·		
Street Address	Description of Ite	nn or Service	М	D	Y	Fair Market Valu	e
	<b>'</b>		1	1			
City	State	Zip Code	Received	at Fund	raising E	vent?	
•				YES		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC .	
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	e
outer rances			1 "1	Ĭ	l î	- au ramor valu	-
City	State	Zip Code	Receive	i at Fundi	aising Fr	vent?	
Jy	1			YES		□no	
		<u> </u>				· · · · · · · · · · · · · · · · · · ·	

Page Total \$	700.00
	700.00

<sup>\*</sup> Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton 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)]