## **In-Kind Contributions Received**



Prescribed by Secretary of State 03/05

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Name of Committee in Full BAUE GALE FOR MAYOR			
Full Name of Contributor  DAUID L. GALE	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 462 MAIN ST.	Description of Item MARKET	or Service ING SERVICES	M D Y Fair Market Value 67
City GLOXPORT	State OH	ING SERVICES Zip Code 43125	Received at Fundraising Event?
Full Name of Contributor  DAUID L - GALE	Employer, Occupation, Labor Organization*		Registration Number, If PAC
Street Address 462 MAIN ST.	Description of Item or Service		M D Y Fair Market Value 60 4316.
City GROVEBORT	Sta te	Zip Code 43125	Received at Fundraising Event?  Section 1
Full Name of Contributor	Employer, Occupat	ion, 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?
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?
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?
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
City	Sta te	Zip Codc	Received at Fundraising Event?  (i) YES   D NO
Full Name of Contributor	Employer, Occupa	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?
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?    Yes   No
	<del></del>		

Page Total \$

<sup>\*</sup> 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)]