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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full		
Citizens for Hawk		
Full Name of Contributor	Employer, Occupation, Labor Organization	on* Registration Number, if PAC
Pat Kelly	Employer, Occupation, Labor Organization	on Registration (Values, 1776)
Street Address	Description of Item or Service	M D Yı Fair Market Value
525 W Portage Trail	Door Prizes; 6/24 Event	0 6 2 4 1 1 \$400.00
· · · · · · · · · · · · · · · · · · ·	Sta' te Zip Code	Received at Fundraising Event?
City Cuyahoga Falls	OH 43223	_
Full Name of Contributor	Employer, Occupation, Labor Organization	O YES O NO On* Registration Number, if PAC
Dan Levesque	Employer, Occupation, Factor Organization	on registration runner, it is
Street Address	Description of Item or Service	M D Y Fair Market Value
4179 Ashgrove Dr	Food; 6/24 Event	0 6 2 4 1 1 \$360.00
City	Stalte Zip Code	Received at Fundraising Event?
Grove City	OH 43123	⊘ YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organizati	
, tan		
Street Address	Description of Item or Service	M D Y Fair Market Value
5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
City	Sta te Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organizati	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
	OH	Oyes O NO
Full Name of Contributor	Employer, Occupation, Labor Organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
	OH	Q YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organizati	ion* Registration Number, if PAC
1	<u> </u>	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organizat	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?
	OH	OYES ONO
Full Name of Contributor	Employer, Occupation, Labor Organizat	Registration Number, if PAC
		M D Y Fair Market Value
Street Address	Description of Item or Service	M D Y Fair Market Value
	6.3. 17. 6.4.	Received at Fundraising Event?
City	Stalte Zip Code OH	<u>_</u>
		O YES O NO

Page Total \$760.00

^{*} 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)]