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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Dave Gale For Mayor					
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
David L. Gale	F 1, 1, 1, 1	. , .	) °	•	
Street Address	Description of It	Description of Item or Service		Y Fair Market Value	
462 Main St.		Marketing Services		1	
City	State			1   1   0   2   20   16   2,045.67   Received at Fundraising Event?	
*_		43125	YES	NO	
Groveport Full Name of Contributor		OH 43125 Employer, Occupation, Labor Organization *		Registration Number, if PAC	
David L. Gale	Employer, Occu	pation, Lacor Organization	Registration Num	ici, ii i AC	
Street Address	Description of Item or Service		M D	Y Fair Market Value	
	•			20 15316.00	
462 Main St.		Newspaper Ad		20 15 510.00	
City	State	Zip Code	Received at Funda	alsing Event?	
Groveport	OH	43125	YES		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of It	tem or Service	м р	Y Fair Market Value	
City	State	Zip Code	Received at Fund	aising Event?	
on y	Butto	Lap cour	YES	NO	
Full Name of Contributor	Employer Occu		Registration Num		
run Name of Controllor	Employer, Occu	pation, Lacor Organization	(Cegistration Num	bu, ii i AC	
Street Address	Description of It	tem or Service	M D	Y Fair Market Value	
City	State	Zip Code	Received at Fund	raising Event?	
			YES	Пио	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Num	ber, if PAC	
Street Address	Description of Item or Service		M D	Y Fair Market Value	
City	State	Zip Code	Received at Fund	raising Event?	
		<u> </u>	YES	<u> </u>	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of I	Description of Item or Service		Y Fair Market Value	
	,				
City	State	Zip Code	Received at Fund	raising Event?	
ony			YES	□NO	
Full Name of Contributor	Employer Occur	pation, Labor Organization *	Registration Num	ber, if PAC	
Tail Traile of Condition		<b>Funnil</b> , 2000. 01800.	[	,	
Street Address	Description of I	tem or Service	M D	Y Fair Market Value	
Succi Address	Description of the	Description of Item or Service			
C:	Contraction	Zip Code	Received at Fund	mining Francis	
City	State	Zip Code	YES	NO	
		Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Full Name of Contributor	Employer, Occu	ipation, Labor Organization	Registration Num	per, if PAC	
Street Address	Description of I	Description of Item or Service		Y Fair Market Value	
	The section of I		M D	<b> </b>	
City	State	Zip Code	Received at Fund	raising Event?	
			YES	NO NO	
1			1		

Page Total \$ 2,361.67

<sup>•</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]