## **In-Kind Contributions Received**

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Prescribed by Socretary of State 03/05

| Name of Committee in Full  |   |                                       |  |                                       |                      |  |
|--|---|---------------------------------------|--|---------------------------------------|----------------------|--|
| Name of Committee in Pull  Dixon for Whitehall Citizens  Full Name of Contributor  Serald Dixon  Hyde Park Grey  Street Address  3877 Doney St  City Whitehall  State  OH  City Whitehall  OH  Park Committee in Pull  City Code  OH  Park City State  OH  City Whitehall  OYES  NO  Park Committee in Pull  Registration Number, if PAC  Registration Number, if PAC  OH  State City Code  OH  Park City State  OYES  NO  Park City No  Park City State  OYES  Park City No  Park City State  OYES  Park City No  Park Ci |   |                                       |  |                                       |                      |  |
| Full Name of Contributor   | Employer, Occupation, Labor Organization* |                                       | Registration Number, if PAC            |                                       |                      |  |
| Gerald DIXON   | Hyde Yark Group                           |                                       |  |                                       |                      |  |
| Street Address   | Description of Item or Service            |                                       | M                                      | D                                     | Y Fair Market Value  |  |
| 3877 DONLY ST  | 15 YWS                                    | Signs                                 |  |                                       | 17 105.00            |  |
| City Dhital 11   | Starte                                    | Zip Chode                             | Received at Fundraising Event?         |                                       |                      |  |
| Will Engli   | On 1 47213                                |                                       | OYES NO Registration Number, if PAC    |                                       |                      |  |
| Full Name of Contributor   | Employer, Occupation, Labor Organization* |                                       | angionamus reminer, ii PAC             |                                       |                      |  |
| Stroot Address   | Description of Item or Service            |                                       | - M                                    | D                                     | Y Fair Market Value  |  |
| Secor Ventres  | Describing of figures of Service          |                                       | , m                                    | J.                                    | 1 Lett Whired Amod   |  |
| City   | Sta te                                    | Zip Code                              | Receiver                               | d at Fund                             | traising Event?      |  |
|  | OH  | Lap Code                              | 1 _                                    |                                       | -                    |  |
| Full Name of Contributor   |   | over, Occupation, Labor Organization* |  | OYES O NO Registration Number, if PAC |                      |  |
|  |   |                                       |  |                                       |                      |  |
| Street Address   | Description of Item                       | or Service                            | M                                      | D                                     | Y Fair Market Value  |  |
|  |   |                                       |  | 1                                     |                      |  |
| City   | Sta to                                    | Zip Code                              | Receive                                | d at Fund                             | traising Event?      |  |
|  | OH  |                                       | OYE                                    | S                                     | O NO                 |  |
| Full Name of Contributor   | Employer, Occupat                         | tion, Labor Organization*             |  |                                       | aber, if PAC         |  |
|  |   |                                       |  |                                       |                      |  |
| Stroot Address   | Description of Item                       | or Service                            | M                                      | D                                     | Y Fair Market Value  |  |
|  | <u> </u>                                  |                                       |  | <u> </u>                              |                      |  |
| City   | Starte                                    | Zip Code                              | Received                               | d at Fund                             | traising Event?      |  |
|  | ОН  |                                       | O YES O NO Registration Number, if PAC |                                       |                      |  |
| Full Name of Contributor   | Employer, Occupat                         | tion, Labor Organization*             | Rogistra                               | Don Non                               | nber, if PAC         |  |
| Stroot Address   | Description of ham or Service             |                                       | M                                      | D                                     | Y: Fair Market Value |  |
| of oor Variable  | reactibilities of tiesu                   | Of Scivics                            | ) M.                                   |                                       | Y Fair Market Value  |  |
| City   | Ste to                                    | Zip Code                              | Receive                                | at Franc                              | traising Event?      |  |
|  | OH  |                                       |  |                                       |                      |  |
| Full Name of Contributor   | Employer, Occupation, Labor Organization  |                                       | OYES ONO Registration Number, if PAC   |                                       |                      |  |
|  |   |                                       |  |                                       |                      |  |
| Street Address   | Description of Item or Service            |                                       | M                                      | D                                     | Y Fair Market Value  |  |
|  |   |                                       |  | 1:                                    |                      |  |
| City   | Sta te                                    | Zip Code                              | Received                               | at Fund                               | traising Event?      |  |
|  | ОН  |                                       | O YES O NO                             |                                       |                      |  |
| Full Name of Contributor   | Employer, Occupat                         | ion, Labor Organization*              | Rogistra                               | tion Non                              | aber, if PAC         |  |
|  |   |                                       |  |                                       |                      |  |
| Street Address   | Description of Item or Service            |                                       | M                                      | D                                     | Y Fair Market Value  |  |
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| City   | State                                     | Zip Code                              | 1 _                                    |                                       | kaising Event?       |  |
| Full Name of Contributor   | OH  |                                       | OYES O NO Registration Number, if PAC  |                                       |                      |  |
| run Manie di Condindut   | Employer, Occupation, Labor Organization* |                                       | Regiserion remote, il PAC              |                                       |                      |  |
| Street Address   | Description of Item or Service            |                                       | M                                      | D                                     | Y Fair Market Value  |  |
|  | -   |                                       |  | •                                     |                      |  |
| City   | Ste te                                    | Zip Code                              | Receive                                | d at Func                             | braising Event?      |  |
|  | OH  |                                       | OYES                                   | S                                     | O NO                 |  |

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 payroil 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)]