In-Kind Contributions Received

	1	
Page	<u> </u>	

Prescribed by Secretary of State 03/05

Name of Committee in Full	 						
Full Name of Contributor Daniel P. Lacey	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	D-veriation of terr		M		T 30	Fair Market Value	
1500 Clubview Blvd. S.	I	Description of Item or Service		D 5	1 3	S80.00	
City	Room rental for election night party State Zip Code		1 1				
Columbus	l off"	43235	Received at Fundraising Event?				
Full Name of Contributor		ation, Labor Organization*	O YES O NO Registration Number, if PAC				
Tail Valle of Controllor	Limpleyer, occup	Limptoyer, Occupation, Labor Organization		registration number, it is			
Street Address	Description of Iter	Description of Item or Service		D	Ĭ,	Fair Market Value	
City	Sta te	Zip Code	Receive	d at Fun	draising I	Event?	
	ОН		OYE	_) NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Iter	n or Service	M D Y Fair Market Value				
City	Stai te	Zîp Code	Receive	d at Fun	draising I	Event?	
	ОН	<u> </u>	O YES			NO.	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Iter	n or Service	M	D	Y	Fair Market Value	
City	Sta te	Zip Code	Receive	d at Fun	draising l	Eveni?	
	ОН		OYES		0	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC		'AC 				
Street Address	Description of hem or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fun	draising l	Event?	
	OH		Oyes Ono				
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Iter	n or Service	M D Y Fair Market Value				
City	Stai te	Zip Code	Receive	d at Fun	draising l	Event?	
	OH.		O YE			NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC				
Street Address	Description of hem or Service		M	D	Y	Fair Market Value	
City	State OH	Zip Code	Received at Fundraising Event? OYES ONO				
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Iter	m or Service	M D Y Fair Market Value				
City	Starte OH	Zip Code	Receive		draising O	Event?	

Page Total \$80.00

^{*} 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)]