

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

|  |  |  |                          |   |
|--|--|--|--------------------------|---|
| Name of Committee in Full<br><b>Committee to Re-elect Keegan</b> |  |  |                          |   |
| Full Name of Contributor<br><b>Nicole Kraus</b>                  |  | Employer, Occupation, Labor Organization *<br><b>Self employed</b> |                          | Registration Number, if PAC   |
| Street Address<br><b>242 Pueblo St</b>                           |  | Description of Item or Service<br><b>web design</b>                |                          | M   D   Y   Fair Market Value<br><b>1   0   1   0   1   1   250.00</b>                                |
| City<br><b>Tavernier</b>   |  | State<br><b>F</b>   <b>L</b>                                       | Zip Code<br><b>33070</b> | Received at Fundraising Event?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 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   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 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   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 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   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 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   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
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| Street Address   |  | Description of Item or Service                                     |                          | M   D   Y   Fair Market Value   |
| City   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 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   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| 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   |  | State  | Zip Code                 | Received at Fundraising Event?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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)]