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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Gawronski							
Full Name of Contributor	Employer Occurs	ation Labor Organization *	Register	tion Mum	her if D	AC	
Donald C Kelly	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	ΓY	Fair Market Value	
7814 Wicklow CT	Disbursement Checks		1 1	217	1113		
City	State Zip Code		Received at Fundraising Event?				
Dublin	Ω ТН	43017		YES	a suite	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Number, if PAC				
	1						
Street Address	Description of Ite	em or Service	М	D 	Y	Fair Market Value	
City	State	Zip Code	Receive	dat Fund	raising I	event?	
				YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	an or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	dat Fund	raising F	Event?	
		,		YES	-	□no	
Full Name of Contributor	Employer, Occupation, Labor Organization * Regist		Registra	tion Num	ber, if P	AC	
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
		7!- 0-4-	ni	d at Fund	l l	7	
City	State	Zip Code	Keceve	YES	tsizing i	∏NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Ite	em or Service	M	D	Y	Fair Market Value	
Cia-	State	Zip Code	Paceina	d at Fund	reising I	Lumi?	
City	3,2	2000		YES		NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
	15 11 61				1 0	Ir.: M. 4 - W.L.	
Street Address	Description of Ite	em or Service	M	D 	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising l	Event?	
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	Receive	d at Fund	raising !	Event?	
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	Receive	d at Fund	raising		
,	1			YES		NO	

Page Total \$	17.92

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)]