## **In-Kind Contributions Received**

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Keinn J. Covener For tustee								
Full Name of Contributor	Employer, Occupation	Registration Number, if PAC						
Revin J. Cavener					6 Polo Mondon Malan			
Street Address 3657 Olde Ridenour Rd	Description of Item or Service		M D Y Fair Market Value					
3651 Olde Kdenour Rd	Litera State	Received at Fundraising Event?						
City	04	□ YES & NO						
Ganana Full Name of Contributor	Employer, Occupation	Registration Number, if PAC						
Kevin J Cavener								
Street Address	Description of Item or Service		M: D Y Fair Market Value					
3657 Oble Ridenour Rd	Varel Signs		891715 701.01					
City And A	Sta te	Zip Code	Received at Fundraising Event?					
Gahanua	T-	on, Labor Organization*	YES NO Registration Number, if PAC					
Full Name of Contributor	Employer, Occupant	on, Labor Organization	Kegisaau	ou munoci,	, 11,100			
Keviv J. Cavevier	Description of Item or Service		M D Y Fair Market Value					
Street Address 3657 Olde Riclenbur Rd	9, Mail		02171668.23					
City		Zip Code	Received	Received at Fundraising Event?				
Gallanna	OH.	437-30	☐ YES		X NO			
Full Name of Contributor	Employer, Occupati	on, Labor Organization*	Registrati	Registration Number, if PAC				
			M D Y Fair Market Value					
Street Address	Description of Item or Service		M D Y Fair Market Value					
City	Sta te	Zip Code	Received	at Fundrais	sing Event?			
			☐ YES		□ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC					
					Terrary (177)			
Street Address	Description of Item or Service		M		Y Fair Market Value			
0.	Sta te	Zip Code	Received	at Fundrais	sing Event?			
City	Gia ic	2.0	☐ YES		□ NO			
Full Name of Contributor	Employer, Occupat	Registration Number, if PAC						
				_				
Street Address	Description of Item or Service		M	D	Y Fair Market Value			
City	Sta te	Zip Code			sing Event?			
	Employer, Occupation, Labor Organization*		Registration Number, if PAC					
Full Name of Contributor	Zanproyea, Occupat	,						
Street Address	Description of Item or Service		M	D <sub>i</sub>	Y Fair Market Value			
City	Sta te Zip Code		Received at Fundraising Event?					
			☐ YES ☐ 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			
Sure Audics								
City	Sta te	Zip Code	Receive	d at Fundrai	ising Event?			
<b>1</b>	1		☐ YES ☐ NO					

Page Total \$ 131514

<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 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)]