

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Fred Deskins Jr. Republican Ward I Council Seat Committee			
Full Name of Contributor Raven Wood Castle + Medieval Castle		Employer, Occupation, Labor Organization*	
Street Address 65666 Bethel Road		Description of Item or Service Gift Cert. Picate	
City New Plymouth	State OH	Zip Code 45654	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value 04 28 10 75.00
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]