## **In-Kind Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Roseann Hicks					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Skip Apple	Yogi's Hoagies			and the grant	
Street Address	Description of Item or Service		M	D Y	Fair Market Value
940 Marland Dr. S.	Food and Drinks for Kick Off Event		0 6 1	409	\$250.00
City in the control of the control o	Stal te	Zip Code	Received a	at Fundraisin	g Event?
Columbus	OH	43224	<b>O</b> YES		) NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registratio	on Number, i	f PAC
Mark McDaniel	Clown Cone		<u> </u>	<del></del>	
Street Address	Description of Item or Service		M D Y Fair Market Value		
3431 Cleveland Ave. Ste. F	Supplied Ice Cream for Ice Cream Social		0 6 1 5 0 9 \$30.00 Received at Fundraising Event?		
City	Stalte OH	Zip Code		1 1 1 1 1 1 1 1 1 1 1	
Columbus Full Name of Contributor		tion, Labor Organization*	O YES	CANADA DA COMPANION DE COMPANIO	O NO
Skip Apple	Yogi's Ho	Registration Number, if PAC			
Street Address	Description of Item	M D Y Fair Market Value			
940 Marland Dr. S.	Food and Drinks for Bingo Event		0 7 2 6 0 9 \$400.00		
City	State	Zip Code		at Fundraisin	
Columbus	OH	43224			
Full Name of Contributor		tion, Labor Organization*	Registratio	on Number, i	O NO FPAC
			Fig. 1. Supplied Text of the Action		
Street Address	Description of Item or Service		М	D Y	Fair Market Value
City	Sta te	Zip Code	Received a	at Fundraisin	g Event?
	ОН		OYES O 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	Sta te	Zip Code	Received	at Fundraisin	g Event?
	OH		OYES ONO		
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	Sta te	Zip Code	Received	at Fundraisin	g Event?
	ОН		O YES		O NO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*		on Number, i	f PAC
Street Address	Description of Item or Service		M	D Y	Fair Market Value
Cit.	Sta te	Zip Code	Received	at Enndersiele	a Event?
City	OH Zip Code		Received at Fundraising Event?  OYES  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	Sta te	Zip Code	Received	at Fundraisin	g Event?
	ОН		OYES	(	O NO

Page Total \$680.00

<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)]