In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Hawk			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Daphne Hawk			
Street Address	Description of Item or Service		M D Y Fair Market Value
2374 White Rd	Printing		0 2 0 5 1 6 \$158.62
City	Sta te	Zip Code	Received at Fundraising Event?
Grove City	OH	43123	OYES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Daphne Hawk			
Street Address	Description of Item or Service		M D Y Fair Market Value
2374 White Rd	Web Design		0 2 0 8 1 6 \$720.00
City	Sta te	Zip Code	Received at Fundraising Event?
Grove City	OH	43123	O YES O NO
Full Name of Contributor	Employer, Occupa	ttion, Labor Organization*	Registration Number, if PAC
Dan LeVesque			
Street Address	Description of Item or Service		M D Y Fair Market Value
1453 Ironwood Dr	Misc. Supplies		0 2 1 6 1 6 \$311.52
City	Sta te	Zip Code	Received at Fundraising Event?
Grove City	ОН	43123	O YES O NO
Full Name of Contributor	Employer, Occupa	ution, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
		Y	
City	Sta te	Zip Code	Received at Fundraising Event?
	ОН		O YES O NO
Full Name of Contributor	Employer, Occupa	ition, Labor Organization*	Registration Number, if PAC
	Paradicina Chamber Constant		M D Y Fair Market Value
Street Address	Description of Item or Service		M D Y Fair Market Value
0.4	Sta te	Tile Code	Received at Fundraising Event?
City	OH	Zip Code	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Q YES O NO Registration Number, if PAC
Pull Page of Conditation	Employer, Occupa	ation, Capor Organization	registration, a rice
Street Address	Description of Item or Service		M D Y Fair Market Value
Street Address	Description of their	0 000	
City	Sta te	Zip Code	Received at Fundraising Event?
City	OH	, , , , , , , , , , , , , , , , , , ,	
Full Name of Contributor	<u> </u>	ation, 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 Fundraising 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
	1		
City	Sta te	Zip Code	Received at Fundraising Event?
	OH		QYES Q NO

Page Total \$1,190.14

^{*} 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)]