

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Hawk</b>				
Full Name of Contributor <b>Daphne Hawk</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>2374 White Rd</b>		Description of Item or Service <b>Printing</b>		M   D   Y   Fair Market Value <b>0   2   0   5   1   6   \$158.62</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Daphne Hawk</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>2374 White Rd</b>		Description of Item or Service <b>Web Design</b>		M   D   Y   Fair Market Value <b>0   2   0   8   1   6   \$720.00</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor <b>Dan LeVesque</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <b>1453 Ironwood Dr</b>		Description of Item or Service <b>Misc. Supplies</b>		M   D   Y   Fair Market Value <b>0   2   1   6   1   6   \$311.52</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
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City		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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		State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]

Page Total **\$1,190.14**