## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full				•
Citizens for a Safer Grove City				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration No	imber, if PAC
City of Grove City Parks and Recreation	City of Grove City			
Street Address	Description of Item or Service		M D	Y Fair Market Value
4035 Broadway	Facility Rental		nski	11 # \$150.00
City	State	Zip Code	Received at Fur	ndraising Event?
Grove City	OH	43123	OYES	O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Nu	
Gary Leasure	ACE Truck Body, Inc.			
Street Address	Description of Item or Service		M D	Y Fair Market Value
4780 Saint Andrews Dr.	Parade Candy		0911	Y Fair Market Value 1 4 \$297.00
City	Stal te	Zip Code		odraising Event?
Grove City	OH	43123	<b>O</b> YES	<b>()</b> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Its	em or Centice	M D	Yi Fair Market Value
Steet Vitation	Description of Item or Service			FAII MAIREI VAIGE
City	Stal te	Zip Code	Received at Fu	ndraising Event?
	OH		OYES	O NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Nu	
Street Address	Description of Ite	em or Service	M D	Y Fair Market Value
City	Star te OH	Zip Code	Received at Fur	ndraising Event?
Full Name of Contributor		pation, Labor Organization*	Registration No	MO NO
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Starte	Zip Code	Received at Fur	ndraising Event?
	OH		<b>O</b> YES	<b>O</b> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration No	mber, if PAC
Street Address	Description of Item or Service		Mt D	Y Fair Market Value
City	Stal te	Zip Code	Received at Fur	ndraising Event?
	OH		O YES	<b>O</b> NO
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Nu			
Street Address	Description of Item or Service		M D	Y Fair Market Value
Сіту	Stal te OH	Zip Code	Received at Fundraising Event?  OYES  O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration No	
Street Address	Description of Item or Service		M D	Y Fair Market Value
City	Star te OH	Zip Code	Received at Fu	ndraising Event?  O NO
i		1		

Page Total \$447.00

<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)]