In-Kind Contributions Received

Page	MANAGEMENT CONTRACTOR

Prescribed by Secretary of State 03/05

Name of Committee in Full Darryl for Office							
Full Name of Contributor		tion, Labor Organization*	I Daniston		A C Y A		
Wendy Hammock	Secretar	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC				
-	1		<u> </u>	T ===	T 72 T		
Street Address	Description of Item		M	D	Y	Fair Market Value	
4720 Harbinger Cir. E.	Printing door hangers		1 0		09	\$80.00	
City	State Zip Code		Received at Fundraising Event?				
Whitehall	OH	43213	OYES O NO				
Full Name of Contributor	1	tion, Labor Organization*	Registration Number, if PAC				
Darryl Hammock	Pastor						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
4720 Harbinger Cir. E.	Yard Signs		1 0	0 7	0 9	\$286.62	
City	State Zip Code		Receive	d at Fund	raising E	vent?	
Whitehall	ОН	43213	O YES O NO				
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC				
		, ,			ĺ		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
			1	-			
City	Sta te	Zip Code	Receive	d at Fund	raising E	vent?	
	OH		OYES O NO				
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*			ber, if PA	didante existent no compressiva constituto en la compressiva de la compressiva della	
		,			, , , , , , , , , , , , , , , , , , , ,		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
	•						
City	Sta te	Zip Code	Receive	d at Fund	raising E	vant?	
Chy	OH Zip code				effin.		
			OYE		. Q	nanannan kalendar an	
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Kegistra	tion Nun	ber, if PA	IC.	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State Zip Code		Received at Fundraising Event?				
	OH ₁		OYES ONO				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Ý	Fair Market Value	
			-				
City	Sta te	Zip Code	Receive	d at Fund	raising E	vent?	
	OH	-	-	,	_		
Full Name of Contributor	Employer Occupa	tion, Labor Organization*	O YES		ober, if PA		
Tan Panto VI Conditutor	Employer, Occupa	ion, Egoor Organization	Teegisia	aton reas	1001, 11 17		
Street Address	Dagacintian of Four or Camila		-	1 6	Y	Fair Market Value	
Sheet Address	Description of Item or Service		M	D	1	raii iviairei vaine	
City	Sta te	Zip Code	Receive	d at Func	traising E	vent?	
	OH		O YES 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	Receive	d at Fund	raising E	vent?	
	ОН		OYE:	3	Ö	NO	

Page Total \$366.62

^{*} 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)]