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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

N 00 W 7 P H								
Name of Committee in Full								
Friends of Jeff Davis								
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Keith Hawk		<u> </u>						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
2374 White Rd	large yard sign		1   1	018	1   1	240.00		
City	State Zip Code			Received at Fundraising Event?				
Grove City	OH	43123		YES	Ū	√ NO		
Full Name of Contributor		pation, Labor Organization *	Registra	tion Num	her if PA			
an idalic of Controllor	inployer, occu	patient, Laber Organization	regisiiu	DON (MAIL	001, 11 1 1			
77				Fair Market Value				
Street Address	Description of Item or Service M D Y Fair Market			Pair Market Value				
					<u> </u>			
City	State	Zip Code	Receive	dat Fund	raising E	_		
				YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PA	AC		
						i		
Street Address	Description of It	em or Service	М	Q	Y	Fair Market Value		
5.111. T. 10.110				lι	I ↓			
City.	State	Zip Code	Receive	d at Fund	mising Fi	vent?		
City	State	Zip Code	TRECEIVE:	l YES	aising 12	NO		
	F 1 0	1	72 34 4		1 - :CĎ/			
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, it P	AC .		
Street Address	Description of l	em or Service	M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
	\ \ \			YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PA	\C		
,								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
Succi Addiess	Description of the	cell of Betvice		Ιĭ	1	The transfer value		
	<u> </u>	Ta: 0 )	-   D	d at Francis	- i sin o 17			
City	State	Zip Code	Receive	d at Fund	raising is	<del></del>		
		<u></u>		YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if Pa	AC		
	Į.		L					
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value		
	ì	•						
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
,	1	' ' ' ' '		YES	Ü	□NO		
Full Name of Contributor	Employer Occu	pation, Labor Organization *	Registra	tion Nur	her if Pa			
run Name of Conditionor	Employer, Occi	pation, Labor Organization	registra	ition iviii	ioci, ii i i	T. C.		
				T 5	1 17	Te : va V . Oal		
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value		
					<u> </u>			
City	State	Zip Code	Receive	d at Fund	raising E			
		<u> </u>	<u> </u>	YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC			AC				
	_							
Street Address	Description of I	Description of Item or Service		Ð	Y	Fair Market Value		
			M					
ica.	State	Zip Code	Receive	d at Fund	micina E	vent9		
City	State	Zip Code	I CECEIVE		uaiziiig E			
<u> </u>				YES		NO		

Page Total \$	240.00
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<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]