31-J-1 R.C. 3517.10

## **In-Kind Contributions Received**

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Darryl for Office			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Darryl J. Hammock	Pastor		
Street Address	Description of Item or Service	M D Y Fair Market Value	
4270 Harbinger Cir. E.	Training <sup>1</sup>	0 9 1 2 0 9 \$11.25	
City	State Zip Code	Received at Fundraising Event?	
Whitehall	OH 43213	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	
City	Sta te Zip Code	Received at Fundraising Event?	
	OH /		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Tan Name of Contributor	ampio, vis occupation, and a segment		
Street Address	Description of Item or Service	M D Y Fair Market Value	
Street Address	Description of near or service	IVI D I I all trial bet value	
		The state of the s	
City	Sta te Zip Code	Received at Fundraising Event?	
	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	Stal te Zip Code	Received at Fundraising Event?	
	OH	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	
City	Stalte Zip Code	Received at Fundraising Event?	
Cuy	OH		
Full Name of Contributor	Employer, Occupation, Labor Organization*	OYES ONO Registration Number, if PAC	
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, it fac	
	5	NE DE VI Cair Market Value	
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Stal te Zip Code	Received at Fundraising Event?	
	OH	O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
	į		
Street Address	Description of Item or Service	M D Y Fair Market Value	
City	Sta te Zip Códe	Received at Fundraising Event?	
	OH	OYES ONO	
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	
Stront Face Cap	[- '		
City	State Zip Code	Received at Fundraising Event?	
City	OH	Oves O NO	

Page Total \$11.25

<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)]