

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kirk for Mayor</b>			
Full Name of Contributor <b>Angela Kirk</b>	Employer, Occupation, Labor Organization* <b>Candidate / Self</b>	Registration Number, if PAC	
Street Address <b>4023 Graves Dr.</b>	Description of Item or Service <b>Campaign Signs</b>	M   D   Y <b>0   9   17   15</b>	Fair Market Value <b>400.00</b>
City <b>Obetz / Columbus</b>	State   Zip Code <b>Oh   43207</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Angela Kirk</b>	Employer, Occupation, Labor Organization* <b>Candidate / Self</b>	Registration Number, if PAC	
Street Address <b>4023 Graves Dr.</b>	Description of Item or Service <b>flyers</b>	M   D   Y <b>08   28   15</b>	Fair Market Value <b>9.44</b>
City <b>Obetz / Columbus</b>	State   Zip Code <b>Oh   43207</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Possum Hollow Pizza</b>	Employer, Occupation, Labor Organization* <b>Robin Hershey / Owner</b>	Registration Number, if PAC	
Street Address <b>1876 Lisle Ave</b>	Description of Item or Service <b>Advertising</b>	M   D   Y <b>10   10   15</b>	Fair Market Value <b>200.00</b>
City <b>Obetz / Columbus</b>	State   Zip Code <b>Oh   43207</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Angela Kirk</b>	Employer, Occupation, Labor Organization* <b>Candidate / Self</b>	Registration Number, if PAC	
Street Address <b>4023 Graves Dr.</b>	Description of Item or Service <b>Reunion file fee</b>	M   D   Y <b>08   06   15</b>	Fair Market Value <b>35.00</b>
City <b>Obetz / Columbus</b>	State   Zip Code <b>Oh   43207</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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
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Street Address	Description of Item or Service	M   D   Y	Fair Market Value
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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   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> 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)]

644.44