In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full			
Committee FOR DAVID L. GALE			
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
DAVID L. CALE			
311301433	Description of Item or Service 714 ERS, MEDIA,		M D Y Fair Market Value 35 H945 . 35 Received at Fundraising Event?
462 MAIN ST.	VIDEO SHOOT	T. BAGS, WEB SITE	11029114945.
GROVEPORT	Sia te	13125	_
Full Name of Contributor		tion, Labor Organization*	YES X NO Registration Number, if PAC
DAVID L. GALE Street Address			rogsaddor, maneer, ii 1770
	Description of Item	or Service	M D Y Fair Market Value
462 MAIN ST.	BANNER Zip Code		M D Y Fair Market Value 90.24 Received at Fundraising Event?
City BEOUFFORT	Sta te	Zip Code	Received at Fundraising Event?
Full Name of Contributor		43125	☐ YES X NO Registration Number, if PAC
	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
DAVID L. GALE Street Address	Description of Item	or Service	M D V Enic Market Value
			M D Y Fair Market Value 1155:00
	Sta te	Zip Code	Received at Fundraising Event?
GROVEPORT.	OH	43125	
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	C YES NO Registration Number, if PAC
DAVID L. GALE. Street Address			
	Description of Item	or Service	M D Y Fair Market Value // / 23 / / 275,00 Received at Fundraising Event?
462 MAIN ST.	FEE POR	RECOUNT Zip Code 43125 ion, Labor Organization*	111 d 3 11 1 d 15, —
C. 0.0.36.00.27	0 H	43125	
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	YES X NO 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?
Full Name of Contributor	Employer Oggunn	ion Lubor Openniustinos	☐ YES ☐ NO
	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?
T. II.N.			☐ YES ☐ NO
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
	- compliant of figure	or service	Tan Market Value
City	Sta te	Zip Code	Received at Fundraising Event?
			□ YES □ NO
Full Name of Contributor			Registration Number, if PAC
Street Address	Description of Item or Service		
Succession State of the State o			M D Y Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?
	ļ	,	☐ YES ☐ NO
	}		23 NO

Page Total \$

^{*} 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)]