

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, Occupation, Labor Organization*	Registration Number, if PAC	
DAVID L. GALE			
Street Address	Description of Item or Service	M	D Y Fair Market Value
462 MAIN ST.	FLYERS, MEDIA, VIDEO SHOOT, BAGS, WEB SITE	1	10 29 11 4945.35
City	State Zip Code	Received at Fundraising Event?	
GROVEPORT	OH 43125	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
DAVID L. GALE			
Street Address	Description of Item or Service	M	D Y Fair Market Value
462 MAIN ST.	BANNER	1	11 08 11 90.74
City	State Zip Code	Received at Fundraising Event?	
GROVEPORT	OH 43125	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
DAVID L. GALE			
Street Address	Description of Item or Service	M	D Y Fair Market Value
462 MAIN ST.	PR: SOCIAL MEDIA EXECUTION	1	12 05 11 1155.00
City	State Zip Code	Received at Fundraising Event?	
GROVEPORT	OH 43125	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
DAVID L. GALE			
Street Address	Description of Item or Service	M	D Y Fair Market Value
462 MAIN ST.	FEE FOR RECOUNT	1	11 23 11 275.00
City	State Zip Code	Received at Fundraising Event?	
GROVEPORT	OH 43125	<input type="checkbox"/> YES <input checked="" 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
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
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
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)]

\$ 6466.09
Page Total \$