In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR HAMI	LTON TWP FIRE	LEVY	
Full Name of Contributor HOWARD HAHN	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service LEUY LITERATURE	M D Y Fair Market Value	
1279 ROHR RO. City LOCKBOURNE Full Name of Contributor	Stal te OH Zip Code 43/37	Received at Fundraising Event? OYES 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? 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	State Zip Code OH	Received at Fundraising Event? OYES 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 OH	Received at Fundraising Event? OYES 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?	
<u> </u>	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	
City	Stal te OH	Received at Fundraising Event? O YES 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 OH	Received at Fundraising Event? 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? OYES O NO	

Page Total \$0.00

^{*} 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)]