

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Anthony Paletta				
Full Name of Contributor Anthony Paletta		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 255 W Kanawha Ave		Description of Item or Service Business Cards (Qty. 1000)		M D Y Fair Market Value 018 218 115 52.74
City Columbus		State O H	Zip Code 43214	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Anthony Paletta		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 255 W Kanawha Ave		Description of Item or Service Door Hangers (Qty. 1000)		M D Y Fair Market Value 019 013 115 181.68
City Columbus		State O H	Zip Code 43214	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Lori Gerald		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 449 Rosslyn Ave		Description of Item or Service Northington Town Saver Oct.		M D Y Fair Market Value 110 011 115 240.00
City Columbus		State O H	Zip Code 43214	Received at Fundraising Event? <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
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 the 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 appear. [R.C. 3517.10(B)(4)]