

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full People for Shirli Billings				
Full Name of Contributor Shirli M Billings		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 34 Keswick Dr.		Description of Item or Service Vinyl Sign		M 0 D 8 Y 1 Fair Market Value 65.25
City New Albany		State OH <input checked="" type="radio"/>	Zip Code 43054	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Shirli M Billings		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 34 Keswick Dr.		Description of Item or Service T-Shirts		M 0 D 8 Y 1 Fair Market Value 11.98
City New Albany		State OH <input checked="" type="radio"/>	Zip Code 43054	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Shirli M Billings		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 34 Keswick Dr.		Description of Item or Service Candy		M 0 D 8 Y 1 Fair Market Value 60.00
City New Albany		State OH <input checked="" type="radio"/>	Zip Code 43054	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Shirli M Billings		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 34 Keswick Dr.		Description of Item or Service Yard signs		M 0 D 9 Y 2 Fair Market Value 860.63
City New Albany		State OH <input checked="" type="radio"/>	Zip Code 43054	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Shirli M Billings		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 34 Keswick Dr.		Description of Item or Service Printing campaign literature		M 0 D 9 Y 1 Fair Market Value 109
City New Albany		State OH <input checked="" type="radio"/>	Zip Code 43054	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="radio"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]