

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Beryl Piccolantonio				
Full Name of Contributor Karen Crognale		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 2891 Langly Ct.		Description of Item or Service cookies for FR		M D Y Fair Market Value 0 7 2 2 1 5 100.00
City Blacklick		State O H	Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Elizabeth Peyton		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 948 Heritage St.		Description of Item or Service Graphic Design		M D Y Fair Market Value 0 7 1 3 1 5 50.00
City Blacklick		State O H	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Friends of Marilyn Brown		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 550 E. Walnut St.		Description of Item or Service emails		M D Y Fair Market Value 0 7 0 6 1 5 50.00
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Andy Piccolantonio		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 963 Riva Ridge Blvd.		Description of Item or Service donuts for volunteers		M D Y Fair Market Value 0 9 1 2 1 5 35.00
City Gahanna		State O H	Zip Code 43230	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

* 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)]