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Page	:	 4	

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Beryl Piccolantonio						
Full Name of Contributor	Employer Occur	ation Labor Organization *	Danieten	ion Num	har if DA	ı.C
Virginia Hoffman	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		M	Ð	Y	Fair Market Value
708 Waybaugh Dr.	t-shirt 2nd side discount		1	1 5		114.00
City	State Zip Code		Received at Fundraising Event?			
Gahanna	O H 43230		☐ YES ☑ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	' ' '				•	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
				li		
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?
	1			YES		NO
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of Ite	m or Service	M	D	Y	Fair Market Value
City	State	Zip Code	Receive	1	raising E	
				YES		N0
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	AC .
			 		r	T=
Street Address	Description of Ite	nn or Service	I M	D	Y :	Fair Market Value
G:		1.00	<u> </u>			<u> </u>
City	State	Zip Code	Receive	YES	raising E	LJ
Full Name of Contributor	I I	Loation, Labor Organization *	<u> </u>		ber, if PA	NO
This is all e of Controllor	Employer, Occup	addit, Labor Organization	Registia	HOR MAIN	iber, it F	ic
Street Address	Description of Item or Service		M	D	ΙΥ	Fair Market Value
			1"		1 1	
City	State	Zip Code	Receive	d at Fund	raising E	vent?
	1	'		YES	·	□NO
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	\C
	' '					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
ľ						
City	State	Zip Code	Receive	d at Fund	raising E	vent'?
	i			YES		□no
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Num	ber, if P/	/C
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
		Received at Fundraising Event?				
City	State	Zip Code	Receive		raising E	
			<u> </u>	YES		NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
G. T. A. II.	Description of Item or Service		1,	·	1	
Street Address			M	D	Y	Fair Market Value
Chu	St	7:- C- J-	Darai -	1	1 1	1
City	State	Zip Code	Keceive	d at Fund YES	raising E	vent?
		1		169		LINU

Page Total \$	114.00
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^{*} 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)]