

FOR PAPER FILING ONLY In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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|---|--|---|--------------------------|---|
| Name of Committee in Full PEOPLE FOR PAGE | | | | |
| Full Name of Contributor Tracy Taylor | | Employer, Occupation, Labor Organization * NextGeneration | | Registration Number, if PAC |
| Street Address Westphal Avenue | | Description of Item or Service Fundraiser | | M D Y Fair Market Value 0 8 2 10 1 5 75.00 |
| City Columbus | | State O H | Zip Code 43227 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Full Name of Contributor Friends of Rick Pfeiffer | | Employer, Occupation, Labor Organization * Columbus City Attorney | | Registration Number, if PAC |
| Street Address 4619 Snowy Meadow | | Description of Item or Service Letterhead/Env./Stamps | | M D Y Fair Market Value 0 9 0 9 1 5 1,186.75 |
| City Columbus | | State O H | Zip Code 43213 | 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 |
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| 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 |
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| 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)]