Page	2

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
CITIZENS FOR PRISCILLA TYSON									
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC					
FRIENDS FOR GINTHER	N/A								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	-		
545 E TOWN ST	ADVERTISEMENT		1 0	2!5	1 3	L	11.33		
City	State Zip Code		Received	1	raising Ev				
COLUMBUS	$O \mid H$	43215		YES		NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
FRIENDS FOR GINTHER	N/A								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
545 E TOWN ST	ADVERTISEMENT				1 5		11.33		
COLLIN (DLIC	State	Zip Code			raising Ev				
COLUMBUS	$O \mid H$	43215 stion, Labor Organization *		YES		NO			
Full Name of Contributor	Employer, Occup	Registration Number, if PAC							
FRIENDS FOR GINTHER Street Address	Description of Ite	N/A/							
			M	D	Y	Fair Market Value	11 00		
545 E TOWN ST	ADVERTISEMENT			2 9	1113 raising Ev		11.33		
COLUMBUS	State H	Zip Code 43215	Kaciva	YES	istizitiš EA	NO			
Full Name of Contributor			Penistra		her if DA				
Tall Malle of Countries	Employer, Occupation, Labor Organization * Registration 1			don man	1001, 11 1 2				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
	<u> </u>				1				
City	State	Zip Code	Received		raising Ev				
				YES		∐ио			
Full Name of Contributor	Employer, Occup	Registration Number, if PAC							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
		_							
City	State	Zip Code	Received	1	raising Ev				
				YES		∐ио			
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			
					H	į			
City	State	Zip Code	Received	at Fund	raising Ev	vent?			
	]			YES		МО			
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	-		
							:		
City	State	Zip Code	Received	d at Fund	raising Ev	vent?			
				YES		∐ио			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Num	iber, if PA	vc			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
City	State	Zip Code	Received	٠	raising Ev	_			
<u>.</u>				YES		□NO			

Page Total \$	33.99
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<sup>\*</sup> 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)]