## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full KEEP HILLIARD BEAUTIFUL			
Full Name of Contributor LES CARRIER	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 4394 SHIRE CREEK CT.	Description of Item or Service ENVELOPES & LABELS - STAPLES		M D Y Fair Market Value 0 2 2 6 1 7 \$233.22
City HILLIARD	Stal te OH	Zip Code 43026	Received at Fundraising Event?  O YES  NO
Full Name of Contributor LES CARRIER	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 4394 SHIRE CREEK COURT	Description of Item or Service PRINTER INK - STAPLES		M D Y Fair Market Value 0 2 2 6 1 7 \$137.56
City HILLIARD	State OH	Zip Code 43026	Received at Fundraising Event?
Full Name of Contributor LES CARRIER	<u> </u>	tion, Labor Organization*	YES NO Registration Number, if PAC
Street Address 4394 SHIRE CREEK COURT	Description of Item or Service		M D Y Fair Market Value 0 2 2 6 1 7 \$257.25
City HILLIARD	POSTAGE State OH	Zip Code 43026	Received at Fundraising Event?
Full Name of Contributor		tion, Labor Organization*	Registration Number, if PAC
PAUL LAMBERT Street Address	Description of Item or Service		M D Y Fair Market Value
4697 PRESTIGE LANE City	Sta te	Zip Code	0 2 0 9 1 7 \$70.00 Received at Fundraising Event?
HILLIARD Full Name of Contributor	Employer, Occupa	43026 tion, Labor Organization*	NO PES NO Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	Stal te OH	Zip Code	Received at Fundraising Event?  O YES  O NO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
City	Stal te OH	Zip Code	Received at Fundraising Event?  O YES  O 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	Zip Code	Received at Fundraising Event?  O YES  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	Zip Code	Received at Fundraising Event?  O YES  O NO

<sup>\*</sup> 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)]