In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce							
				· <u>-</u>			
Full Name of Contributor William and Kerry Easton		Employer, Occupation, Labor Organization* Technology & Homemaker		Registration Number, if PAC			
Street Address		Description of Item or Service		D)	Yi	Fair Market Value	
183 Northmoor Place	Food and t	Food and beverages for Fundraiser			Y 1 5	\$100.00	
City Columbus	State OH	State Zip Code OH 43214		Received at Fundraising Event?			
			ØYES O NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	
City	Stalte OH	Zip Code	ł	d at Fundi	_		
Full Name of Contributor		Employer, Occupation, Labor Organization*		O YES O NO Registration Number, if PAC			
				regional remoci, il IAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	
City	State OH	Zip Code	}	d at Fundr	_		
Full Name of Contributor			OYES			NO	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	
City	Staj te OH	, , , , , , , , , , , , , , , , , , , ,		Received at Fundraising Event? OYES O NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	
City	OH State			Received at Fundraising Event? OYES ONO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Ites	Description of Item or Service		D	Y	Fair Market Value	
City	State OH	Zip Code	Received O YES	at Fundr	_		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Ites	Description of Item or Service		D	Y	Fair Market Value	
City	Staj te OH	, , , , , , , , , , , , , , , , , , ,		Received at Fundraising Event? O YES O NO			
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registrat				
Street Address	Description of Iter	Description of Item or Service		D	Y	Fair Market Value	
City	Stal te OH	Zip Code	Received	et Fundr	aising E		

Page Total \$100.00

^{*} 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)]