## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full		
Friends of Orie Givens III		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Anita Morgan	1	
Street Address	Description of Item or Service	M D Y Fair Market Value
Unable to obtain	Prepared food	0 4 1 1 1 5 \$75.00
City	Stal te Zip Code	Received at Fundraising Event?
	OH	OYES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Anita Morgan		
Street Address	Description of Item or Service	M D Y Fair Market Value
Unable to obtain	Prepared food	0 4 1 8 1 5 \$75.00
City	Staj te Zip Code OH	Received at Fundraising Event?
Full Name of Contributor		OYES ONO
Anita Morgan	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
Unable to obtain	Prepared food	M D Y Fair Market Value 0 4 2 1 1 5 \$75.00
City	State Zip Code	Received at Fundraising Event?
	OH L	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Tammy Vanleer		
Street Address	Description of Item or Service	M D Y Fair Market Value
1131 Harrisburg Pike	Advertising	0 4 1 5 1 5 \$150.00
City	Staj te Zip Code	Received at Fundraising Event?
Columbus	OH 43223	OYES 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
	- 1 12 2 1	
City	Stat te Zip Code OH	Received at Fundraising Event?
Full Name of Contributor		O YES O NO Registration Number, if PAC
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
Suber Maness	LOSSILIPAGE SE LINEE OF CONTINUE	Na I I I I I I I I I I I I I I I I I I I
City	Star te Zip Code	Received at Fundraising Event?
	OH DIT	
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
	ļ	
City	Sta te Zip Code	Received at Fundraising Event?
	OH	OYES 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	Stal te Zip Code	Received at Fundraising Event?
	OH	OYES O NO

Page Total \$375.00

<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)}