Page	

In-Kind Contributions Received

Proceeding to Secretary of State Vol.

Name of Committee in Full			************	***************************************				
Citizens for Priscilla Lyson								
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC					
Friends of Shannon Hardin								
Street Address	Description of Item or Service			D	Y	Fair Market Value		
545 East Town Street	Advertising		0 4	2 0	1 -		26,666.67	
City	State	Zip Code		4	draising t	<u>i</u>		
Columbus	(1)	43215		YES		X NO		
Full Name of Contributor		pation, Labor Organization *	Registra	ition Nur	nber, if P			
Friends of Shannon Hardin								
Street Address	Description of Item or Service		M	D	ΤΥ	Fair Market Value		
545 flast Town Street	·		0 4	2 1			7,285,20	
City	State	Advertising Zip Code			traising I	vent ⁹	7,20,50	
, and the second		· ·	100011	YES	ar 142 3111 15 1	x NO		
Columbus Full Name of Contributor		43215	Daniser		nber, if P		·····	
	Emproyer, Occu	pation. Labor Organization *	veginis	mon NUI	usect, HP	7 X		
Friends of Shannon Hardin	5		M	T 6	1 1	Fair Marker Value		
Street Address	Description of It			Ð	Y	rair Marker Value		
545 Fast Lown Street		Advertising	0 4		<u> </u>		2,312.00	
City	State	Zip Code	Receive		Iraising F			
Columbus	O 11	43215		YES		X NO		
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	tion Nun	nber, if P	AC		
Friends of Shannon Hardin						·		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
545 Fast Town Street		Consulting	0 4	2 5	. <u></u>	<u> </u>	2,500.00	
City	State	Zip Code	Receive		traising E			
Columbus	O II	43215		YES		χ NO		
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registra	tion Nun	nber, if P	AC		
Friends of Shannon Hardin								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
545 hast fown Street		Advertisement	0 4	2 5	1 1		2,497.00	
City	State	Zip Code	Receive	d at Fund	Iraising E	vent?		
Columbus	C 11	43215		YES		X NO		
Full Name of Contributor	Employer, Occup	oanon, Labor Organization *	Registra	tion Nun	nber, if P	AC		
Street Address	Description of Its	em or Service	М	D	Y	Fair Market Value		
	***					The second secon		
City	State	Zip Code	Receive	dan Fund	traising F	vent ^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		
	September of their or spectage				-	-		
City	State	Zip Code	Receive	at French	raising E	vent?		
~ "/ 				YES		NO		
				1 4 >		1757		

Page	Total	\$	41,260.87
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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 am, rather than employer should be listed. If two or more employees contribute via pavroll 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)].