FOR PAPER FILING ONLY In-Kind Contributions Received

Page 1

Prescribed by Secretary of State 3/05

Name of Committee in Full		
KEEP HILLIARD BEAUTIFUL PAC		
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
FRANK LES CARRIER	<u> </u>	
Street Address	Description of Item or Service	M D Y Fair Market Value
4394 SHIRE CREEK COURT	T-SHIRTS - LOCKER ROOM	0 2 0 4 1 6 557.58
City	State Zip Code	Received at Fundraising Event?
HILLIARD	O H 43026	YES NO X
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC
FRANK LES CARRIER Street Address	Description of Item or Service	Mi I S' I VI IT NOT AVI
	i ·	M D Y Fair Market Value
4394 SHIRE CREEK COURT	TABLE CLOTHES - PARTY CI	10 2 0 5 1 6 37.61
HILLIARD	O H 43026	YES X NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
FRANK LES CARRIER		
Street Address	Description of Item or Service	M D Y Fair Market Value
4394 SHIRE CREEK COURT	POSTAGE	0 2 0 9 1 6 196.00
City	State Zip Code	Received at Fundraising Event?
HILLIARD	O H 43026	YES NO χ
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
FRANK LES CARRIER		
Street Address	Description of Item or Service	M D Y Fair Market Value
4394 SHIRE CREEK COURT	POSTAGE	0 2 1 1 1 6 245.00
City	State Zip Code	Received at Fundraising Event?
HILLIARD	O H 43026	YES NO χ
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
FRANK LES CARRIER Street Address	Description of Item or Service	M D Y Fair Market Value
	·] : : :
4394 SHIRE CREEK COURT	POST CARDS State Zip Code	0 2 1 0 1 6 1,111.48
HILLIARD	O H 43026	YES NO X
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC
FRANK LES CARRIER		
Street Address	Description of Item or Service	M D Y Fair Market Value
4394 SHIRE CREEK COURT	SIGN STEAKS - HOME DEPO?	10 2 2 2 1 6 17.11
City	State Zip Code	Received at Fundraising Event?
HILLIARD	O H 43026	YES NO χ
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
at a second	17' 0.4	
City	State Zip Code	Received at Fundraising Event? YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
a up t-min of Carin many	- Company Carrier Organization	AND THE PERSON OF THE PARTY OF
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
		YES NO

Page total	2,164.78

^{*} 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)]