

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Beryl D. Anderson			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Beryl D. Anderson			
Street Address	Description of Item or Service	M	D Y Fair Market Value
878 Aries Drive	Printing	10	24 11 5.35
City	State Zip Code	Received at Fundraising Event?	
Gahanna	OH 43230	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Beryl D. Anderson			
Street Address	Description of Item or Service	M	D Y Fair Market Value
878 Aries Drive	Graphic Design	10	03 11 75.00
City	State Zip Code	Received at Fundraising Event?	
Gahanna	OH 43230	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Marv West			
Street Address	Description of Item or Service	M	D Y Fair Market Value
878 Aries Drive	Signs & Stakes	10	19 11 283.54
City	State Zip Code	Received at Fundraising Event?	
Gahanna	OH 43230	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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 Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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 Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> 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 Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]