

16

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

| | | | |
|--|--|---|-----------------------------------|
| Name of Committee in Full CITIZENS FOR PRISCILLA TYSON | | | |
| Full Name of Contributor FRANCINE RICE | Employer, Occupation, Labor Organization * US POSTAL SERVICE | Registration Number, if PAC | |
| Street Address 2097 WILLAMONT AVENUE | Description of Item or Service DECORATIONS | M D Y 0 5 1 5 0 7 | Fair Market Value 75.78 |
| City COLUMBUS | State Zip Code O H 43219 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor FRANCINE RICE | Employer, Occupation, Labor Organization * US POSTAL SERVICE | Registration Number, if PAC | |
| Street Address 2097 WILLAMONT AVENUE | Description of Item or Service BALLONS | M D Y 0 6 1 9 0 7 | Fair Market Value 10.00 |
| City COLUMBS | State Zip Code O H 43219 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor FRANCINE RICE | Employer, Occupation, Labor Organization * US POSTAL SERVICE | Registration Number, if PAC | |
| Street Address 2097 WILLAMONT AVENUE | Description of Item or Service CANDY & FLAGS | M D Y 0 7 0 2 0 7 | Fair Market Value 61.19 |
| City COLUMBUS | State Zip Code O H 43219 | Received at Fundraising Event? <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 | |
| 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 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)]