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In-Kind Contributions Received

2	
Page 5	

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Lori Gerald				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Lori Gerald	Self Employed - child care			
Street Address	Description of Item	•	M D Y Fair Market Value	
449 Roslyn Avenue	Campaign Signs		1 1 2 9 1 1 \$909.31	
City	State	Zip Code	Received at Fundraising Event?	
Columbus	OH	43214	O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Lori Gerald	Self Employed - child care			
Street Address	Description of Item or Service		M D Y Fair Market Value	
449 Roslyn Avenue	Campaign Literature		1 1 2 9 1 1 \$587.13	
City	State	Zip Code	Received at Fundraising Event?	
Columbus	ОН	43214	O YES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Larry Gilbert	Retired			
Street Address	Description of Item or Service		M D Y Fair Market Value	
382 Westview Avenue	Paper, Toner, I	Printing Distribution of Literature	1 1 0 6 1 1 \$112.07	
City	State	Zip Code	Received at Fundraising Event?	
Columbus	OH	43214	O YES O NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Iter	m or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
	OH		OYES O NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
Cin.	Sta te	Zip Code	Received at Fundraising Event?	
City	OH	12.ip Code	_	
Full Name of Contributor		pation, Labor Organization*	O YES O NO Registration Number, if PAC	
Tuli Nane of Contibutor	Zimpioyer, Ocean	Anon, Edoor Organization	The graduation of the state of	
Street Address	Description of Ite	m or Service	M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	
	ОН		O YES O NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
City	OH		OYES O NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
	OH		OYES O NO	

Page Total \$1,608.51

^{*} 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)]