



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee								
Citizens for Beryl Piccolantonio								
Full Name of Contributor Deborah Stemen			Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address 311 Watling Rd.	Descriptio foor for		ent of Service			Fair Market Value 50.00		
City Gahanna		itate OH	Zip Code 43230	Received at Fundrai	ng Event?			
Full Name of Contributor Sue Horn			Employer, Occup	pation, Labor Organization	* Registration Number,	if PAC		
Street Address 625 Laurel Ridge Dr.		on of Item or or event	r Service		Date (MM/DD/YYYY) Fair Market Value 50.00			
City Gahanna	State OH		Zip Code 43230	Received at Fundra				
Full Name of Contributor Marla Becker			Employer, Occup	pation, Labor Organization	Organization* Registration Number, if PAC			
Street Address 1059 Challis Springs Dr.		on of Item o or event	or Service		Date (MM/DD/YYYY) Fair Market Value 50.00			
City New Albany	State		Zip Code 43054	Received at Fundra	ing Event?			
Full Name of Contributor			Employer, Occu	pation, Labor Organizatio	n* Registration Number	, if PAC		
Street Address	Description of Item or		Service		Date (MM/DD/YYYY	Fair Market Value		
ity State		Zip Code	Received at Fundra	ing Event?				
Full Name of Contributor			Employer, Occupation, Labor Organization		Registration Number, if PAC			
Street Address Description of I		tion of Item	or Service		Date (MM/DD/YYYY) Fair Market Value		
City		Zip Code	Received at Fundr	sing Event?				

	150.00	
Page Total \$		

^{*} 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)]