

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Tina Pierce				
Full Name of Contributor Charelle Peoples		Employer, Occupation, Labor Organization* Columbus City Schools Tra		Registration Number, if PAC
Street Address 2496 Bethesda Avenue		Description of Item or Service Food for fundraiser on 09/20/2015		M   D   Y   Fair Market Value 0   9   2   0   1   5   \$30.00
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43219	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor William and Kerry Easton		Employer, Occupation, Labor Organization* Technology & Homemaker		Registration Number, if PAC
Street Address 183 Northmoor Pl.		Description of Item or Service Food and beverages for fundraiser on 10/03/2015		M   D   Y   Fair Market Value 1   0   0   3   1   5   \$100.00
City Columbus		State OH <input checked="" type="checkbox"/>	Zip Code 43214	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH <input checked="" type="checkbox"/>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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)]

Page Total \$130.00