In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR WESTERVILLE					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
DAVID COLLINS WORTH Street Address	Description of Item	or Service	M D Y	Fair Market Value	
429 BELLFREY DR	E NUELOPES & COPY ING		07160		
CITY WESTERVILLE	Stal to OH	210 Code 43082	Received at Fundraising OYES	g Event? NO	
Pull Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
J. MIKAL TOWNSLEY					
Street Address 571 CATAWBA AUE	Description of Hem or Service		M D Y Fair Market Value 44.94		
CHY WESTERVILLE	Stal to OH	Zip Code 43081	Received at Fundraising Event? OYES NO		
Full Name of Contributor	Employer, Occupation, Labor Organization* Registration Number, if PAC		PAC		
KATHY COCUZZI	Description of Item or Service		M D Y Pair Market Value		
Street Address 1029 BLUESAIL DR	DECORATION FOR 9/15 RALLY		091808 44069		
1029 BLUESAIL DR City WESTERVILLE	Stal to	Zip Code	Received at Fundraising	g Event?	
		lion, Labor Organization*	Registration Number, i	DVC DVC	
Full Name of Contributor	тятрюуы, сосыра	пон, глажи Сяванизанон	Rogistion Transco,		
Street Address	Description of Item	or Service	M D V Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising	g Event?	
		OH		OYES O NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Service		M D Y	Fair Markot Valuo	
City	State OH	Zip Code	Received at Fundraisin		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, it PAC		
1 dy Millio					
Street Address	Description of Item or Service		M D Y	Fair Market Value	
City	Stal te OH	Zip Code	Received at Fundraising YES	g Event?	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Maral Addison	Description of Item or Service		M D Y	Fair Market Value	
Street Address	,				
Cily	Stef te Zip Code		Received at Fundraising Event? OYES 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	Stal to Zip Code		Received at Fundraisin OYES	g Event? D 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)]

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Page Total