

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	ENVELOPES & COPYING	07	1 6 08 29.20
City	State Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH 43082	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
J. MIKAL TOWNSLEY			
Street Address	Description of Item or Service	M	D Y Fair Market Value
571 CATAWBA AVE	POSTAGE	09	1 0 08 44.94
City	State Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH 43081	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
KATHY COCUZZI			
Street Address	Description of Item or Service	M	D Y Fair Market Value
1029 BLUESAIL DR	DECORATION FOR 9/15 RALLY	09	1 8 08 44.69
City	State Zip Code	Received at Fundraising Event?	
WESTERVILLE	OH 43081	<input type="radio"/> YES <input checked="" 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 Zip Code	Received at Fundraising Event?	
	OH	<input type="radio"/> YES <input checked="" 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 Zip Code	Received at Fundraising Event?	
	OH	<input type="radio"/> YES <input checked="" 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 Zip Code	Received at Fundraising Event?	
	OH	<input type="radio"/> YES <input checked="" 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 Zip Code	Received at Fundraising Event?	
	OH	<input type="radio"/> YES <input checked="" 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)]

\$ 118.83

Page Total