

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Choose Chosy			
Full Name of Contributor Robert F. Chosy		Employer, Occupation, Labor Organization* Candidate	
Street Address 250 Highgate Avenue		Description of Item or Service Newspaper Advertisement	
City Worthington		State OH <input checked="" type="radio"/>	Zip Code 43085
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor Robert F. Chosy		Employer, Occupation, Labor Organization* Candidate	
Street Address 250 Highgate Avenue		Description of Item or Service Newspaper Advertisement	
City Worthington		State OH <input checked="" type="radio"/>	Zip Code 43085
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH <input checked="" type="radio"/>	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH <input checked="" type="radio"/>	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH <input checked="" type="radio"/>	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH <input checked="" type="radio"/>	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH <input checked="" type="radio"/>	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH <input checked="" type="radio"/>	Zip Code
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State OH <input checked="" type="radio"/>	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)]