## FOR PAPER FILING ONLY In-Kind Contributions Received

2	
Page	
1 age	

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	Registration Number, if PAC
Street Address 250 Highgate Avenue	Description of Item or Service Newspaper Advertisement	M D Y Fair Market Value \$287.00
City Worthington	OH	Received at Fundraising Event?  OYES  ONO
Full Name of Contributor Robert F. Chosy	Employer, Occupation, Labor Organization*  Candidate	Registration Number, if PAC
Street Address 250 Highgate Avenue	Description of Item or Service  Newspaper Advertisement	M D Y Fair Merket Value \$376.00
City Worthington	Stal te Zip Code 43085	Received at Fundraising Event?  O YES  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 te Zip Code	Received at Fundmising 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 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	OH	Received at Fundraising Event?  O YES  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 Market Value
City	OH Zip Code	Received at Fundraising Event?  O YES  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 Market Value
City	State 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	State	Received at Fundraising Event?  OYES  O NO

Page Total: \$663.00

<sup>\*</sup> 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)]