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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		
TAXPAYERS FOR WESTERVILLE SCI	HOOLS	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
JAMES BURGESS		
Street Address	Description of Item or Service	M D Y Fair Market Value
4930 HONEYSUCKLE BLVD	WEB SERVICE	0 4 2 4 1 2 45.00
City	State Zip Code	Received at Fundraising Event?
•		YES NO
COLUMBUS	Employer, Occupation, Labor Organization *	Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, it FAC
DAVID STADGE		
Street Address	Description of Item or Service	M D Y Fair Market Value
359 WINDCROFT DR	FOOD _	0 5 1 9 1 2 20.00
City	State Zip Code	Received at Fundraising Event?
WESTERVILLE	O H 43082	YES VO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
CAROL HRIBAR		
Street Address	Description of Item or Service	M D Y Fair Market Value
387 MAINSAIL DR	Newspaper Ad	0 6 2 1 1 2 335.34
	State Zip Code	Received at Fundraising Event?
City	1 ' '	YES VO
WESTERVILLE	O H 43081	
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?
		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
Sireer Addition	Beseraption of New or Ser New	
3:	State Zip Code	Received at Fundraising Event?
City	State Zip Code	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	State Zip Code	Received at Fundraising Event?
		YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC
I di Pidite di Communici		
Street Address	Description of Item or Service	M D Y Fair Market Value
Sireer Address	Description of term of ber the	
	7: 0 1	Received at Fundraising Event?
City	State Zip Code	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC
<u></u>		
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
		YESNO

Page Total \$ 4	00.34
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]