

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Fosselman</b>			
Full Name of Contributor <b>Diane Fosselman</b>		Employer, Occupation, Labor Organization*	
Street Address <b>1260 Autumn Park Court</b>		Description of Item or Service <b>Campaign letters/envelopes</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value <b>0 9 1 5 1 5 206.41</b>
Received at Fundraising Event?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
Received at Fundraising Event?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
Received at Fundraising Event?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Street Address		Description of Item or Service	
City	State	Zip Code	M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Fair Market Value
Received at Fundraising Event?		<input type="checkbox"/> YES <input type="checkbox"/> 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)]