31-J-1
R.C. 3517.10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full TAXPAYERS FOR WESTERVILLE SCI	HOOI	ς						· ·				
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC								
IIM BURGESS	1											
Street Address	Description of Item or Service			М		Ð	Y	Fair Market Value				
4930 HONEYSUCKLE BLVD	WEB HOSTING SERVICES				1	018	113	ļ	19.71			
City	State Zip Code				Received at Fundraising Event?							
COLUMBUS	O H 43230				П	YES		√NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC							
run Name of Controllor	Laprojet, Occupation, Labor Organization											
Street Address	Description of Item or Service					D	Y 	Fair Market Value				
City	State Zip Code			Received at Fundraising Event?								
	1				<u>L</u>	YES		<u> </u>				
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC							
Street Address	Descript	ion of Ite	n or Service	М		Đ	Y	Fair Market Value				
City	St	ate	Zip Code	Rece	ivec	i at Fundr	aising E	vent?				
	i	1				YES		∐NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *				strat	tion Numb	er, if PA	·C				
Street Address	Descript	ion of Iter	n or Service	М		Đ	Y	Fair Market Value				
			<u> </u>				<u></u>					
City	St	ate I	Zip Code	Rece	ive [i at Fundr YES	aising E	vent?				
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC							
Street Address	Description of Item or Service			М	_	Đ	Y	Fair Market Value				
							1					
City	St	ate	Zip Code	Rece	ivec	at Fundr	aising E	vent?				
				<u> </u>	\bigsqcup	YES		ом				
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC							
Street Address	Description of Item or Service		М		D	Y	Fair Market Value					
Sacci / tautos							.					
City	St	ate	Zip Code	Rece	ive	i at Fundr	aising E	vent?				
(*,		1	·	l		YES		□NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *				Registration Number, if PAC							
Street Address	Description of Item or Service			М		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				
City	S	ate	Zip Code	Rec	eive	d at Fundr	aising E	vent?				
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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)]