

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Uttley			
Full Name of Contributor John W. Uttley, III		Employer, Occupation, Labor Organization*	
Street Address 5336 Wakefield Drive		Description of Item or Service Petition filing fee	
City Hilliard		State OH	Zip Code 43026
		Registration Number, if PAC M D Y Fair Market Value 0 1 1 1 1 7 \$45.00	
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor John W. Uttley, III		Employer, Occupation, Labor Organization*	
Street Address 5336 Wakefield Drive		Description of Item or Service Campaign stickers	
City Hilliard		State OH	Zip Code 43026
		Registration Number, if PAC M D Y Fair Market Value 0 3 0 9 1 7 \$54.14	
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor John W. Uttley, III		Employer, Occupation, Labor Organization*	
Street Address 5336 Wakefield Drive		Description of Item or Service Campaign materials	
City Hilliard		State OH	Zip Code 43026
		Registration Number, if PAC M D Y Fair Market Value 0 4 0 7 1 7 \$312.00	
		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	Zip Code
		Registration Number, if PAC M D Y Fair Market Value	
		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	Zip Code
		Registration Number, if PAC M D Y Fair Market Value	
		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	Zip Code
		Registration Number, if PAC M D Y Fair Market Value	
		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	Zip Code
		Registration Number, if PAC M D Y Fair Market Value	
		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	Zip Code
		Registration Number, if PAC M D Y Fair Market Value	
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" 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)]