31-J-1 R.C. 3517.10

AMENDED

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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full						
CITILENS FOR FAIR TAY ATION Full Name of Contributor Employer, Occupation, Labor Organization Registration Number, if PAC						
Full Name of Contributor TERRY MCKEE	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address 4500 LANG PORT RD	Description of Item or Service FLIER S		1016	Y Fair Market Value		
Street Address 4500 LANG PORT RD City LOLUMBUS	Sta te	Zip Code 43220	Received at Fund	traising Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization* FARD 516N3/AD		Registration Number, if PAC			
STORNY CERVONE Street Address 4731 DIERKER 20 City	Description of Item or Service UPPER ARLINGTON NEWS		1027	1 1 2 1 2		
COLUMBUS	State OH	750	Received at Fund	⊘ N0		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item	n or Service	M D Y Fair Market Value			
City	Sta te	Zip Code	Received at Fund	traising Event?		
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Number, if PAC			
Street Address	Description of her	n or Service	M D Y Fair Market Value			
City	Sta te	Zip Code	Received at Fundraising Event?			
Full Name of Contributor	Employer, Occup	er, Occupation, Labor Organization* Registration Number, if PAC				
Street Address	Description of Item or Service		M D	Y Fair Market Value		
Cûy	Sta te	Zip Code	Received at Fund	□ N0		
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Number, if PAC			
Street Address	Description of Iten	n or Service	M D Y Fair Market Value			
City	Sta te	Zip Code	Received at Fund	haising Event?		
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	Sta te	Zip Code	Received at Fundraising Event?			
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	Sta te	Zip Code	Received at Fund	haising Event?		

78.00 Page Total 9

^{*} 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)]