

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS SUPPORTING WHITEHALL SCHOOLS				
Full Name of Contributor OAPSE AFSCME		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 6805 OAK CREEK DRIVE		Description of Item or Service ROBO CALLS		M D Y Fair Market Value 1 0 3 0 1 8 750.00
City COLUMBUS		State OH	Zip Code 43229	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor SEMM FOUNDATION		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address P.O. BOX 13682		Description of Item or Service WSAX RADIO SPOTS		M D Y Fair Market Value 1 1 0 6 1 8 3,515.00
City COLUMBUS		State OH	Zip Code 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor JEFF STEWART		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 999 ROSE PLACE		Description of Item or Service DJ SERVICES		M D Y Fair Market Value 1 1 0 6 1 8 250.00
City WHITEHALL		State OH	Zip Code 43227	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]