

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full Citizens for Nathan Burd			
Full Name of Contributor Nathan Burd	Employer, Occupation, Labor Organization* Franklin County GOP	Registration Number, if PAC	
Street Address 1566 Burkey Ct.	Description of Item or Service Robo Calls	M D Y 0 5 0 4 0 9	Fair Market Value \$83.75
City Reynoldsburg	State OH	Zip Code 43068	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Nathan Burd	Employer, Occupation, Labor Organization* Franklin County GOP	Registration Number, if PAC	
Street Address 1566 Burkey Ct.	Description of Item or Service Shelter Reservation for Fundraiser	M D Y 0 6 0 6 0 9	Fair Market Value \$45.00
City Reynoldsburg	State OH	Zip Code 43068	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Nathan Burd	Employer, Occupation, Labor Organization* Franklin County GOP	Registration Number, if PAC	
Street Address 1566 Burkey Ct.	Description of Item or Service Parade Entry Free	M D Y 0 5 2 6 0 9	Fair Market Value \$35.00
City Reynoldsburg	State OH	Zip Code 43068	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input 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)]

Page Total **\$163.75**