In-Kind Contributions Received

Page ____

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Re-Elect Edward Dildine			
Full Name of Contributor			
The Birch Tavern	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Yı Fair Market Value
639 Main Street	Beverages		0 7 1 8 1 3 150.00
City	Stal te	Zip Code	Received at Fundraising Event?
Groveport	OH	43125	OYES O NO
Full Name of Contributor Edward Dildine	Employer, Occupation, Lebor Organization		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
4495 Katherine Drive	Food		D 7 8 3 390.00
City	.Stal te	Zip Code	Received at Fundraising Event?
Columbus	OH .	43232	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Number, if PAC
Edward Dildine	<u>[</u> _		
Street Address	Description of Iter		M D Y Fair Market Value
4495 Katherine Drive	Parade Fe		0 6 1 3 1 3 75.00
City	State	Zip Code	Received at Fundraising Event?
Columbus Full Name of Contributor	OH	43232	OYES ONO
Edward Dildine		ation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
4495 Katherine Drive	Candy for Parade		0 8 2 9 1 3 84.41
City	Sta te	Zip Code	Received at Fundraising Event?
Columbus	ОН	43232	OYES ONO
Full Name of Contributor Edward Dildine	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Yi Fair Market Value
4495 Katherine Drive	CW Parade		0 8 2 3 1 3 Fair Market Value 125.00
City Columbus	Star te OH	Zip Code 43232	Received at Fundraising Event? OYES O NO
Full Name of Contributor	Employer, Occupa	stion, Labor Organization*	Registration Number, if PAC
Edward Dildine		•	İ
Street Address	escription of Item or Service		M D Y Fair Market Value
4495 Katherine Drive	Candy for Parade		M D Y Fair Market Value 79.01
City Columbus		Zip Code	Received at Fundraising Event?
Columbus	OH _.	43232	O YES O NO
Full Name of Contributor	Employer, Occupa	tion, 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?
	OH		OYES O NO
Full Name of Contributor	Employer, Occupa-	tion, Labor Organization*	Registration Number, if PAC
Street Address I	escription of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? OYES O 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)]