

FOR PAPER FILING ONLY

In-Kind Contributions Received

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Prescribed by Secretary of State 3/05

Name of Committee in Full			
Citizens to Improve Quality of Life for Reynoldsburg			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Tim Brass & Sarah Reed			
Street Address	Description of Item or Service	M D Y	Fair Market Value
7823 Jordan Xing.	PO Box and Postage	1 2 0 9 1 6	63.20
City	State Zip Code	Received at Fundraising Event?	
Reynoldsburg	O H 43068	YES NO X	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Tim Brass & Sarah Reed			
Street Address	Description of Item or Service	M D Y	Fair Market Value
7823 Jordan Xing.	Stationery	1 2 0 9 1 6	25.72
City	State Zip Code	Received at Fundraising Event?	
Reynoldsburg	O H 43068	YES NO X	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Marshall A. Spalding			
Street Address	Description of Item or Service	M D Y	Fair Market Value
1940 Glenford Court	Billboard Advertising	1 2 0 9 1 6	825.00
City	State Zip Code	Received at Fundraising Event?	
Reynoldsburg	O H 43068	YES NO X	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Tim Brass & Sarah Reed			
Street Address	Description of Item or Service	M D Y	Fair Market Value
7823 Jordan Xing.	Business Cards	1 2 1 2 1 6	15.02
City	State Zip Code	Received at Fundraising Event?	
Reynoldsburg	O H 43068	YES NO X	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Tim Brass & Sarah Reed			
Street Address	Description of Item or Service	M D Y	Fair Market Value
7823 Jordan Xing.	Business Cards	1 2 1 9 1 6	15.02
City	State Zip Code	Received at Fundraising Event?	
Reynoldsburg	O H 43068	YES 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?	
		YES 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?	
		YES NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 943.96