In-Kind Contributions Received

Page 1____

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Citizens for Spalding					000000000000000000000000000000000000000			
Full Name of Contributor Citizens for Good Government	Employer, Occupation, Labor Organization* PAC		Registration Number, if PAC 0H1441					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
4904 Hampstead Square East	-	Literature Mailing / Phone Bank Call		1 0 2 2 0 9 \$250.00				
City	Stal te	Zip Code	Received at Fundraising Event?					
New Albany	OH	43054	OYES O NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	State OH	Zip Code	Received at Fundraising Event? O YES NO					
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service			Y	Fair Market Value		
City	Stal te OH	Zip Code	Received at Fundraising Event? OYES NO					
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC					
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	Stal te OH	Zip Code	Received at Fundraising Event? OYES NO					
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	Stal te OH	Zip Code	Received a		C) NO		
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization* Registration Number, if PA				PAC		
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	Stal te OH	Zip Code	Received at Fundraising Event? O YES NO					
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*			Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	Stal te OH	Zip Code	Received at Fundraising Event? VES NO					
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value		
City	Stal te OH	Zip Code	Received at Fundraising Event? OYES NO					

Page Total \$250.00

^{*} 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)]