

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Southwestern City Schools</b>			
Full Name of Contributor <b>Ohio Association of Public School Employees</b>		Employer, Occupation, Labor Organization*	
Street Address <b>6805 Oak Creek Drive</b>		Description of Item or Service <b>Poling</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>
		Registration Number, if PAC	
		M <b>0</b>	D <b>6</b>
		Y <b>1</b>	Fair Market Value <b>\$5000.-</b>
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor <b>Ohio Association of Public School Employees</b>		Employer, Occupation, Labor Organization*	
Street Address <b>6805 Oak Creek Drive</b>		Description of Item or Service <b>Phone Banking</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>
		Registration Number, if PAC	
		M <b>0</b>	D <b>7</b>
		Y <b>1</b>	Fair Market Value <b>\$6597.-</b>
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		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)]

**\$11597.-**  
Page Total **\$0.00**