In-Kind Contributions Received

Page

Prescribed by Secretary of State 03/05

Name of Committee in Full		•	
Name of Committee in Full Citizens For Southwestern City Schools Full Name of Contributor Street Address 4074 Hoover Rd Ste 201 City Crove City Stale Crove City Full Name of Contributor Stale Crove City Full Name of Contributor City Oyes Oyes			
Full Name of Contributor	I Simpleyer Occupa	ales I aless Orientary leads	
South-Western Education,	CSOCIA+	70N	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
4074 Hoover Rd Ste 201		İ	M D Y Fair Market Value 9463. 23
GRAVE CITY	Stal te OH	Zip Code	Received at Fundraising Event?
Full Name of Contributor		المرتقم المالي	Registration Number, if PAC
F W. (Since of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	ı or Service	M D Y Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?
C (IV)	ОН	i _	OYES ONO
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	Stale:	Zip Code	Received at Fundraising Event? OYES NO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item		
	Description of tiem	or service	M D Y Fair Market Value
City	Sta te	Zip Code	Received at Fundraising Event?
	ОН	11	QYES O NO
Full Name of Contributor	Employer, Occupat	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	li	OYES ONO
Full Name of Contributor	Employer, Occupat	tion, Labor Organization	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
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City	Stalte OH	Zip Code	Received at Fundraising Event?
	J Ori	<u> </u>	O YES O NO
Full Name of Contributor	Employer, Occupat	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?
F (1)	ОН		OYES O NO
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item	or Service	M D Y Fair Market Value
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City	State	Zip Code	Received at Fundraising Event?

* 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 \$0.00

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