In-Kind Contributions Received

Page]			
I dec	Page	1	

Prescribed by Secretary of State 03/05

Name of Committee in Full			_	
Citizens for a Safer Madison Township				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Groveport Ace Hardware	Hardware Retail			
Street Address	Description of Item or Service		M D	Y Fair Market Value
726 Main St.	Sign Making Supplies		0 3 3 1	1 5 \$459.89
City	Stai te	Zip Code	Received at Fund	1 :
Groveport	OH	43125	O YES	O NO
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Number, if PAC	
William Mallory	Fire Fighter			
Street Address	Description of Item or Service		M D	Y Fair Market Value
2523 W. Fair Ave.	Sign Making Supplies		0 4 0 2	1 5 \$14.99
City	Sta te	Zip Code	Received at Func	
Lancaster	OH	43130	O YES	O NO
Full Name of Contributor		tion, Labor Organization*	Registration Number, if PAC	
Home Depot	Hardware	e Retail		
Street Address	Description of Item	or Service	M D	Y Fair Market Value
6035 Gender Rd.	Sign Making	Supplies	0 4 0 3 1 5 \$84.47	
City	Stal te	Zip Code	Received at Fund	traising Event?
Canal Winchester	OH	43110	OYES	O NO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Nun	nber, if PAC
Street Address	Description of Item	or Service	M D	Y Fair Market Value
	1			
City	Star te	Zip Code	Received at Fund	lraising Event?
	OH		OYES O NO	
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Nun	nber, if PAC
				· · · · · · · · · · · · · · · · · · ·
Street Address	Description of Item or Service			Y Fair Market Value
		Tai' o .		
City	Stai te OH	Zip Code	Received at Fund	
	1		O YES O NO Registration Number, if PAC	
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registration Nun	nder, if PAC
C 4.1J	Daniela ella		W D	Yı Fair Market Value
Street Address	Description of Item	i or Service	MD	Y Fair Market Value
Ch.	Sta te	Zip Code	Received at Fund	Imiging Trans?
City	OH "	Σιρ Code		_
Full Name of Contributor	<u> </u>	ation, Labor Organization*	YES Registration Num	NO NO
Full statute of Condition	Employer, Occupa	mon, East Organization	Regisadasa Na.	abol, il 1110
Street Address	Description of Iten	or Service	M D	Yı Fair Market Value
Succi Addicas	Description of fice			
City	Sta te	Zip Code	Received at Fund	draising Event?
City	OH	S.P SVA	OYES	O NO
Full Name of Contributor	· !	tion, Labor Organization*	Registration Nur	
	1	. • • • • • • • • • • • • • • • • • • •		
Street Address	Description of Item	n or Service	M D	Y Fair Market Value
City	Sta' te	Zip Code	Received at Fun	draising Event?
	OH		OYES	O NO

Page Total \$559.35

^{*} 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)]