14.3

## **In-Kind Contributions Received**

	•	
Page		

Prescribed by Secretary of State 03/05

Name of Committee in Full		<del></del>		
Citizens For Southwestern City Schools				
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registration Number, if PAC	
South-Western Education. Street Address	ASSOC.			
Street Address	Description of Item	or Service	M D Y Fair Market Value	
4074 Hoover Rd Ste 201	Answering	Campaign Questions	030612500.	
Grove City	Stal te OH	Zip Code   43123		
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	NO Registration Number, if PAC	
Street Address				
Street Address 3110 F. Scitt ST	Description of Item		M D Y Fair Market Value O 3 0 6 1 2 13 15.  Received at Fundraising Event?	
City	Neuspape Stales	Zin Code	Persived at Fundmining Event?	
3110 Escitt ST City Grove City	ОН	43123	Oyes MNO	
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	
City	_	Zip Code	Received at Fundraising Event?	
	OH		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	
City	'	Zip Code	Received at Fundraising Event?	
	OH		OYES O NO	
Full Name of Contributor	Employer, Occupati	ion, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item	or Service	M D Y Fair Market Value	
City		Zip Code	Received at Fundraising Event?	
	OH		OYES ONO	
Full Name of Contributor	Employer, Occupati	on, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item	dr Service	M D Y Fair Market Value	
City	Star te	Zip Code	Received at Fundraising Event?	
	OH		O YES O NO	
Full Name of Contributor	Employer, Occupati	ion, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item	or Service	M D Y Fair Market Value	
			וומאנו זמועל	
City		Zip Code	Received at Fundraising Event?	
	OH		OYES O NO	
Full Name of Contributor	Employer, Occupati	on, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item	or Service	M D Y Fair Market Value	
			]	
City	1 '1	Zip Code	Received at Fundraising Event?	
·	OH		OYES O 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)]

Page Total

\$0.00