

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

| | | | |
|--|---|--------------------------|---|
| Name of Committee in Full Citizens for Grandview Heights | | | |
| Full Name of Contributor Susan Jagers | Employer, Occupation, Labor Organization* Initiative Consulting | | Registration Number, if PAC |
| Street Address 1543 Wyandotte Road | Description of Item or Service Postage for campaign mailing | | M D Y Fair Market Value 0 2 2 9 1 6 \$38.39 |
| City Grandview Heights | State OH | Zip Code 43212 | Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address | Description of Item or Service | | M D Y Fair Market Value |
| City | State OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address | Description of Item or Service | | M D Y Fair Market Value |
| City | State OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address | Description of Item or Service | | M D Y Fair Market Value |
| City | State OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address | Description of Item or Service | | M D Y Fair Market Value |
| City | State OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address | Description of Item or Service | | M D Y Fair Market Value |
| City | State OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address | Description of Item or Service | | M D Y Fair Market Value |
| City | State OH | Zip Code | Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO |
| Full Name of Contributor | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address | Description of Item or Service | | M D Y Fair Market Value |
| City | State OH | Zip Code | 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)]