

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Nathan Burd				
Full Name of Contributor Nathan Burd		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1566 Burkey Court		Description of Item or Service Printing of flipcard		M D Y Fair Market Value 0 1 0 8 0 9 \$25.00
City Reynoldsburg		State OH	Zip Code 43068	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Nathan Burd		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1566 Burkey Court		Description of Item or Service Stamps		M D Y Fair Market Value 0 3 3 1 0 9 \$151.20
City Reynoldsburg		State OH	Zip Code 43068	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Nathan Burd		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 1566 Burkey Court		Description of Item or Service Envelopes and Labels		M D Y Fair Market Value 0 4 0 7 0 9 \$51.51
City Reynoldsburg		State OH	Zip Code 43068	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
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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)]

Page Total **\$227.71**