In-Kind Contributions Received

Page Z

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Elect Dildine Trustee					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Nu	mber, if PAC	
Edward B Dildine	Madison Township Fire		ļ		
Street Address	Description of Item or Service		M D	Y Fair Market Value	
4495 Katherine Drive	Stamps for card mailings		1024	0 9 \$280.00	
City	Sta te	Zip Code	Received at Fun	draising Event?	
Columbus	OH	43232	O YES	O NO	
Full Name of Contributor	Employer, Occupa	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Edward B Dildine	Madison	Township Fire	Į.		
Street Address	Description of Item or Service		M D	Y Fair Market Value	
4495 Katherine Drive	Robo Calls to voters		1 1 0 3	0 9 \$134.12	
City	Sta te	Zip Code	Received at Fun		
Columbus	ОН	43232	OYES	⊙ NO	
Full Name of Contributor		ation, Labor Organization*	Registration Nu		
Street Address	Description of Item or Service		M D	Y Fair Market Value	
Save Address				Tun Market Value	
City	Sta te	Zip Code	Received at Fun	draicing Event?	
Chy	OH	Zip Code	_	_	
			OYES	O NO	
Full Name of Contributor	Empioyer, Occupa	ntion, Labor Organization*	Registration Nu	moer, ii PAC	
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fun	draising Event?	
	OH		OYES O 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	Sta te	Zip Code	Received at Fun	draising Event?	
	OH	OH		Oyes Ono	
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	Sta te	Zip Code	Received at Fun	draising Event?	
	OH	1	O YES	_	
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Nu	Monday NO	
	1	,			
Street Address	Description of Item	or Service	M D	Y Fair Market Value	
Descri		scription of item of Service		1 an Market value	
Cit.	Ctoito	7 in Code	Pageined at Fron	denicina Evant?	
City	State Zip Code		Received at Fundraising Event?		
	OH		OYES O NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Nur	mber, if PAC	
Street Address	Description of Item or Service		M D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fun	draising Event?	
	OH		O YES	O NO	

Page Total \$414.12

^{*} 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)]