

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR WESTERVILLE			
Full Name of Contributor GRIFFIN COMMUNICATIONS	Employer, Occupation, Labor Organization* PUBLIC RELATIONS	Registration Number, if PAC	
Street Address 1965 LAKE SHORE DR	Description of Item or Service 2500 ISSUE 54 CARDS	M D Y 10 20 08	Fair Market Value 388.08
City COLUMBUS	State OH	Zip Code 43204	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor GRIFFIN COMMUNICATIONS	Employer, Occupation, Labor Organization* PUBLIC RELATIONS	Registration Number, if PAC	
Street Address 1965 LAKE SHORE DR	Description of Item or Service ROBIN ENT. ISSUE 54 MAILER	M D Y 10 29 08	Fair Market Value 777.50
City COLUMBUS	State OH	Zip Code 43204	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 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 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 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
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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 checked="" 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)]

\$1,165.58

Page Total