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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Lisa Whiting for School Board	[5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Govieta Sian Nambar 16 DAG				
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
JD Biros Street Address	Description of I	tem or Canica	М	D	ΙΥ	Fair Market Value		
2854 Wynneleaf St.	Description of Item or Service			0 1	1 '	60.00		
City	Website Design / Startup State Zip Code				rdraising			
Hilliard	OH	43026	Receive	YES	idi alsing	No		
Full Name of Contributor		pation, Labor Organization *	Registra		mber, if I	2 4		
Teater for Schools								
Street Address	Description of I	Description of Item or Service		M D Y Fair Market Value				
3709 Scioto Run Blvd	Postcard a	and Postage	111	0 1	1 3	593.47		
Oty	State	Zip Code			ndraising			
Hilliard	OH	43026		YES		X vo		
Full Name of Contributor		pation, Labor Organization *	Registr	ation Nu	mber, if I	PAC		
Hilliard Education Association			1					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
5491 Scioto Darby Rd.	Postcard and Postage		1 2	0 1	1 3	500.00		
City	State	Zip Code	Receive	d at Fur	ndraising			
Hilliard	$O \mid H$	43026		YES		XNO		
Full Name of Contributor	Employer, Occu	oyer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of I	tem or Service	M	D :	Y	Fair Market Value 0.00		
aty	State	Zip Code	Receive	d at Fur	ndraising	Event?		
				YES		1 0		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization * Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
	į							
City	State	Zip Code	Receive	d at Fur	ndraising	Event?		
				YES		10		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registr	ation Nu	mber, if	PAC		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
		Yes a		ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ	5		
City	State	Zip Code	Receive	YES	ndraising	Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fur	ndraising	Event?		
1	1	ł		_,		<u> </u>		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]