

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Lisa Whiting for School Board																
Full Name of Contributor Bobbi Mueller		Employer, Occupation, Labor Organization *		Registration Number, if PAC												
Street Address 5248 Windsock Ct.		Description of Item or Service Fact Sheet		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td>0</td> <td>9</td> <td>0</td> <td>4</td> </tr> <tr> <td>0</td> <td>9</td> <td>104.62</td> <td></td> </tr> </table>	M	D	Y	Fair Market Value	0	9	0	4	0	9	104.62	
M	D	Y	Fair Market Value													
0	9	0	4													
0	9	104.62														
City Hilliard	State O H	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
Full Name of Contributor Lisa Whiting		Employer, Occupation, Labor Organization *		Registration Number, if PAC												
Street Address 801 Thorncrest Ct.		Description of Item or Service T-Shirts		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td>0</td> <td>9</td> <td>1</td> <td>0</td> </tr> <tr> <td>0</td> <td>9</td> <td>233.78</td> <td></td> </tr> </table>	M	D	Y	Fair Market Value	0	9	1	0	0	9	233.78	
M	D	Y	Fair Market Value													
0	9	1	0													
0	9	233.78														
City Galloway	State O H	Zip Code 43119	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
Full Name of Contributor Rita Trimble		Employer, Occupation, Labor Organization *		Registration Number, if PAC												
Street Address 4190 Maystar Way		Description of Item or Service Snacks for various events		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td>0</td> <td>9</td> <td>1</td> <td>1</td> </tr> <tr> <td>0</td> <td>9</td> <td>101.81</td> <td></td> </tr> </table>	M	D	Y	Fair Market Value	0	9	1	1	0	9	101.81	
M	D	Y	Fair Market Value													
0	9	1	1													
0	9	101.81														
City Hilliard	State O H	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
Full Name of Contributor Rita Trimble		Employer, Occupation, Labor Organization *		Registration Number, if PAC												
Street Address 4190 Maystar Way		Description of Item or Service Campaign Cards		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td>0</td> <td>9</td> <td>1</td> <td>1</td> </tr> <tr> <td>0</td> <td>9</td> <td>82.25</td> <td></td> </tr> </table>	M	D	Y	Fair Market Value	0	9	1	1	0	9	82.25	
M	D	Y	Fair Market Value													
0	9	1	1													
0	9	82.25														
City Hilliard	State O H	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC												
Street Address		Description of Item or Service		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td></td> </tr> </table>	M	D	Y	Fair Market Value	:	:	:					
M	D	Y	Fair Market Value													
:	:	:														
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO													
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC												
Street Address		Description of Item or Service		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td></td> </tr> </table>	M	D	Y	Fair Market Value	:	:	:					
M	D	Y	Fair Market Value													
:	:	:														
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO													
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC												
Street Address		Description of Item or Service		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td>:</td> <td>:</td> <td>:</td> <td></td> </tr> </table>	M	D	Y	Fair Market Value	:	:	:					
M	D	Y	Fair Market Value													
:	:	:														
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO													

* 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)]