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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			7-					
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Bobbi Mueller			M	T =				
Street Address	1 '	Description of Item or Service		D	Y	Fair Market Value		
5248 Windsock Ct.	anne anno anno a fara anno anno anno anno anno anno anno a	Fact Sheet			0 9			
City	State	Zip Code	Receive	~~~	draising	Name of the last o		
Hilliard		43026	Danista	YES	l : G I	No		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Nui	mber, if I	PAC		
Lisa Whiting Street Address	Danwickian a 6 k			M D Y Fair Market Value				
	1 '	Description of Item or Service		1	1	1		
801 Thorncrest Ct.	II-DNINS State	T-Shirts		0 9 1 0 0 9 233.78 Received at Fundraising Event?				
City Galloway	o H	Zip Code 43119	Receive	YES	iui aisii ig	No		
Full Name of Contributor	<i>เพราะเหมา</i> ยคลายเหมือน เพราะเหมายคลาย เพราะเหมายคลาย เพราะเหมายคลาย เพราะเหมายคลาย เพราะเหมายคลาย เพราะเหมายคลาย	pation, Labor Organization *	Registr	SE É CONTRACTOR DE CONTRACTOR	mber, if I			
Rita Trimble	Employer, occu	pation, Labor Organization	Registr	acion ivai	11001, 11	1.10		
Street Address	Description of I	Description of Item or Service		I D	Ιγ	Fair Market Value		
4190 Maystar Way	· '	Snacks for various events		111	1	101.81		
City	State	Zip Code						
Hilliard	lo H	43026	Received at Fundraising Event? YES NO					
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC					
Rita Trimble		·	_					
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value		
4190 Maystar Way	Campaign	ı Cards	0 9	11	0 9	82.25		
City	State	Zip Code	Receive	d at Fun	draising	Event?		
Hilliard	OH	43026		YES		NO		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
	and the second							
Street Address	Description of I	Description of Item or Service		D	Υ	Fair Market Value		
City	State	Zip Code	Receive		draising	Event?		
				YES		10		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
				-	-			
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value		
City	State	Zip Code	Receive		draising			
				YES		NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registr	ation Nui	mber, if	PAC		
			M	T 5	1 0	E Talu B Baylant Malara		
Street Address	Description of I	Description of Item or Service		D :	Y :	Fair Market Value		
		The Code	Doc	L	L .	E. Locat 2		
City	State	Zip Code	Receive	ed at Fur YES	ndraising	[**************************************		
				I ES		NO NO		

Page Total \$ _____522.46

^{*} 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 labo organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]