## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Wood for School Board								
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Ronda Howard		•						
Street Address	Description of Item or Service		М	D	Y	Fair Market Valt	ue	
348 Cumberland Drive	Refreshments for Fundraiser		110	115	019	1	100.00	
City	State Zip Code			Received at Fundraising Event?				
Whitehall	OIH	43213		YES		✓NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Katherine Wood								
Street Address	Description of Item or Service		М	Ð	Y	Fair Market Vah		
385 Cumberland Dr.	Debt Forgiven			013			340.80	
City	State				Received at Fundraising Event?			
Whitehall	OIH	43213		YES		∐ NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	1e	
City	State Zip Code		Receive	d at Fund	raisina F	vent?		
<b>**</b> **	1	zip code		YES	aaisuig is	No		
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registra	tion Num	ber. if P			
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	ie	
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
	11			YES		□ NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Valu	æ	
0:		Tr. 0. t			<u> </u>	ــــــــــــــــــــــــــــــــــــــ		
City	State	Zip Code	Received	d at Fund	raising E			
Full Name of Contributor	IE-slaves Oses	YES NO						
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Valu	ıe	
				1				
City	State	Zip Code	Receive	at Fund	raising E	vent?		
	<u> </u>			YES		NO		
Full Name of Contributor	Employer, Occup	Registration Number. if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	ne	
City	State	Zip Code	Receive	at Fund	raising E	l veni <sup>9</sup>		
				Received at Fundraising Event?  YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		M	D I	Y	Fair Market Valu	ıė	
City	Cinia	Zip Code	Pagaises	l at Fund	misira E	L		
City	State	State   Zip Code		YES	erang E	Veiii.' □NO		
				1 [~)		<u></u>		

Page Total \$ 440.80

<sup>\*</sup> 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)]