

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Wood for School Board				
Full Name of Contributor Ronda Howard	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 348 Cumberland Drive	Description of Item or Service Refreshments for Fundraiser	M 11	D 01	Fair Market Value 100.00
City Whitehall	State OH Zip Code 43213	Y 09	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Katherine Wood	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 385 Cumberland Dr.	Description of Item or Service Debt Forgiven	M 11	D 01	Fair Market Value 340.80
City Whitehall	State OH Zip Code 43213	Y 09	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	M 	D 	Fair Market Value
City	State Zip Code	Y 	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	M 	D 	Fair Market Value
City	State Zip Code	Y 	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	M 	D 	Fair Market Value
City	State Zip Code	Y 	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	M 	D 	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 	Fair Market Value
City	State Zip Code	Y 	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)]