| Page | 9 |
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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | • • • | | | | | | | |
|-----------------------------------|-------------------------------------|--|---|--|-----------------------------|-------------------|--|--|
| Terry Board for School Board Com | mittee | 7.1 C | In . | tion N7 | ner ien i | C | | |
| Full Name of Contributor | Employer, Occupa | Employer, Occupation, Labor Organization * | | tion Numl | υ ε τ, 11 ΡΑ | | | |
| Crabbe, Brown & James | D i de Cheman Carrier | | М — | D | Y | Fair Market Value | | |
| Street Address | Description of Item or Service | | $\begin{vmatrix} \mathbf{M} \\ 1 \end{vmatrix} 0$ | 1 0 | | 1,225.36 | | |
| 500 S. Front Street, Suite 1200 | Food, Beverage, etc. State Zip Code | | | d at Fundi | | | | |
| City Columbus | State H | 43215 | V | | | NO | | |
| Columbus Full Name of Contributor | | ation, Labor Organization * | | tion Num | ber, if PA | | | |
| Fun Paine of Conditution | Zinpio, ci, Cocupa | Zingrojer, Georgianon, Zinov Grganization | | | | | | |
| Street Address | Description of Item or Service | | М | D | Y | Fair Market Value | | |
| City | | State Zip Code | | Received at Fundraising Event? YES NO | | | | |
| Full Name of Contributor | Employer, Occupa | Employer, Occupation, Labor Organization * | | | Registration Number, if PAC | | | |
| Street Address | Description of Iter | Description of Item or Service | | D | Y | Fair Market Value | | |
| City | State | Zip Code | | d at Fund YES | | NO NO | | |
| Full Name of Contributor | Employer, Occupa | Employer, Occupation, Labor Organization * | | | Registration Number, if PAC | | | |
| Street Address | Description of Iter | Description of Item or Service | | D | Y | Fair Market Value | | |
| City | State | Zip Code | | d at Fund YES | | NO | | |
| Full Name of Contributor | Employer, Occupa | Employer, Occupation, Labor Organization * | | Registration Number, if PAC | | | | |
| Street Address | Description of Iter | Description of Item or Service | | D | Y | Fair Market Value | | |
| City | State | Zip Code | | ed at Fund YES | | NO | | |
| Full Name of Contributor | Employer, Occupa | Employer, Occupation, Labor Organization * | | Registration Number, if PAC | | | | |
| Street Address | Description of Ite | Description of Item or Service | | D | Y | Fair Market Value | | |
| City | State | Zip Code | | ed at Fund YES | | □NO | | |
| Full Name of Contributor | Employer, Occup | Employer, Occupation, Labor Organization * | | ation Nun | | | | |
| Street Address | Description of Ite | Description of Item or Service | | D | Y | Fair Market Value | | |
| City | State | YES NO | | NO | | | | |
| Full Name of Contributor | Employer, Occup | Employer, Occupation, Labor Organization * | | Registration Number, if PAC | | | | |
| Street Address | Description of Ite | Description of Item or Service | | D | Y | Fair Market Value | | |
| City | State | Zip Code | Receiv | ed at Fund YES | draising E | Event? | | |

Page Total \$ 1,225.36_

^{*} 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)]