31-J-1* R.C. 3517.10



In-Kind Contributions Received

Prescribed by Secretary of State 3/05

40 1 1 1							_	
Name of Committee in Full Citizana for Rando C. Hayyard								
Citizens for Ronda S. Howard	In a c	In :		1 105.				
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Brent L. Howard	<u> </u>							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
348 Cumberland Dr.	brochure		1 0	1 7	$1 \mid 1$	<u>353</u>	3.31	
City	State Zip Code		Received at Fundraising Event?					
Whitehall	\cap \mid H	43213		YES		NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
, w								
Street Address	Description of Its	М	D	Y	Fair Market Value			
Silect Address	Description of Rem of Service		1"	l	1	Tan Maket Fallie		
	- Contract	Tat. 0. 1.	D	l t	raising Ev			
City	State	Zip Code	Received		raising Ev			
		<u> </u>	4	YES		NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	State Zip Code		Received at Fundraising Event?				
c.,y				YES		NO		
Full Name of Contributor	Employer Occur	pation, Labor Organization *	Registra		har if DA			
run ivame of Controlator	Linpidyer, Occup	Registration Number, if PAC						
	D in the C i			T -	1 ,,	E 1 4 4		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising Ev	rent?		
				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Υ	Fair Market Value		
	· '		1 1	İι	1			
City	State	Zip Code	Receive	d at Fund	raising Ev	ent?		
City		2.17 0000	1.0007.00	YES	russing sz	NO		
	Employer, Occupation, Labor Organization *							
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
				,		·		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising E	/ent?		
				YES		NO		
Full Name of Contributor	Employer, Occur	Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
Sitter Address			1		Ι'n			
	State	Zip Code	D	d as Franci	raising E	lane?		
City	State	Zip Code :	Keceive	1	raising L	\Box		
			☐ YES ☐ NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
				,	· · · · · · · · · · · · · · · · · · ·			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
	<u> </u>	_						
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
				YES		□ NO		

Page Total \$ 353.31

^{*} 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)]