In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	¥					
Worthington Community for School						
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Num	ber, if P	AC
Ron Malone, Strategies Unlimited						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
988 Circle on the Green	postage		014	2 8	1019	106.44
City	State	Zip Code	and the second second	d at Fund		The state of the s
Columbus	0 H	43235		YES		☑ NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if P	AC
Vicki Gnezda	Worthington Schools Description of Item or Service					
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value
200 E.Wilson Bridge Rd		postage	0 4	017	1019	100.80
City	State	Zip Code		d at Fund		
	o H			l yes	tarame 1	√NO
Worthington						ECENTRICAL DE LA CONTRACTOR DE LA CONTRA
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of I	tem or Service	T _M	D	ΙΥ	Fair Market Value
Street Address	Description of 1	tom or service	1			
City	State	Zip Code	Receive	d at Fund	raisino I	Frent?
City	State	Zip Code		l yes	raine r	Tho
			and the second second second	and Hansan kankan kanan kanan kalan kan	1 '07	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Num	ber, if F	AC
Street Address	Description of I	tan or Carvica	T _M	l D	Y	Fair Market Value
Street Address	Description of I	teni of Service	104		1	Pan Market Value
City	State	Zip Code	Receive	d at Fund	raising l	Event?
		O-MODEL STATE OF THE STATE OF T		YES		NO
Full Name of Contributor	Employer, Occi	pation, Labor Organization *	Registra	tion Nur	ber, if F	AC
			1			
Street Address	Description of Item or Service		M	D	ΙΥ	Fair Market Value
Street Address	Description of 1	ROLL OF BOLVICO	111			
	State	17:- C-1-	Danier	d at Fund	noisina)	Creamed
City	State	Zip Code		TYES	raising i	
			Location Location	136 CONTRACTOR OF THE STREET		LINO
Full Name of Contributor	Employer, Occi	pation, Labor Organization *	Registra	ition Nurr	iber, if F	AC
				magnapapananan	-	
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value
City	State	Zip Code	Receive	d at Fund	raising l	Event?
				YES		□no
Full Name of Contributor	Employer, Occi	pation, Labor Organization *	and the second second second second	ation Nun	ber, if F	AC
ar drawn of conditional	pts, vi, s ***		1-1-0-1-1		,	
Street Address	Daccrintion of I	tam or Carrica	М	I D	Y	Fair Market Value
Bucet Audiess	Description of i	Description of Item or Service			1	i mi iviaixet vaide
					بلببا	
City	State	Zip Code	E CRESS	ed at Fund	raising i	
			various distributions and the contraction of the co	YES	and the same of th	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
			1			Springer
iCity	State	Zip Code	Receive	ed at Fund	raising l	Event?
· ·		•	Ü mensis	YES		Пио
						Second - '

Page Total \$	207.24
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^{*} 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)]