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R	c	3517	10

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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for Brent Howard									
Full Name of Contributor	Employe	r. Occum	ation, Labor Organization *	Registration Number, if PAC					
Brent L. Howard		anpioyor, Occupation, Labor Organization							
Street Address	Description of Item or Service		М	Ð	Y	Fair Market Valu	<del></del>		
348 Cumberland Dr	Pape	er/Ca	rdstock for Flyers	1 0	214	017	<u> </u>	133.90	
City	St	ate	Zip Code	Receive	d at Fund	raising Ev	_		
Whitehall	0	l H	43213		YES		✓ NO		
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Brent L. Howard									
Street Address	Description of Item or Service		М	D	Y	Fair Market Valu			
348 Cumberland Dr		Fl	yer Copies		2 5			200.00	
City	St	ate	Zip Code	Receive	datFundi	raising Ev			
Whitehall	0	<u> </u>	43213		YES		✓ NO		
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Wolfe for Mayor Committee	ļ								
Street Address	Descript	ion of Ite	m or Service	М	D	Y	Fair Market Valu	-	
3729 Elbern Ave			Flyer	111	0 1		l	202.16	
City	St	ate	Zip Code	Receive	dat Fundi	raising Ev			
Whitehall	0	<u> </u>	43213		YES		✓ NO		
Full Name of Contributor	Employe	er, Occupa	ation, Labor Organization *	Registra	tion Num	ber, if PA	ıC		
Brent L. Howard	ļ				1 -	1	In		
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu			
348 Cumberland Dr	Election Party		1 1	113	017	L	50.00		
City Whitehall	O St	ate I H	Zip Code 43213	Receive	d at Fundi YES	raising Ev	vent?		
Full Name of Contributor			ation, Labor Organization *	Registra	tion Num	her if PA			
t an France of Committee	Limpioye	, outp	don, 2000, Organization		000 / · ·	,			
Street Address	Description of Item or Service		m or Service	М	D	Y	Fair Market Valu	e	
	l								
City	St	ate	Zip Code	Receive	d at Fund	raising Ev	ent?		
		1			YES		∐no		
Full Name of Contributor	Employe	r, Occup	ation, Labor Organization *	Registration Number, if PAC					
			_						
Street Address		Description of Item or Service		М	D	Y	Fair Market Valu	e	
City	St	ate	Zip Code	Receive	d at Fund	raising Ev	ent?		
		ļ			YES		∐иО		
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC				
	1								
Street Address		Description of Item or Service		M	D	Y	Fair Market Valu	c	
	<u> </u>			1		<u> </u>	<u> </u>		
City	St	ate I	Zip Code	Receive	d at Fund YES	raising Ev	rent?		
Entl Name of Contributes		ting I shoe Organization !	Davietes	tion Num	her if DA				
Full Name of Contributor	Employer, Occupation, Labor Organization *		кевізпа	non Mmn	DCI, II FA	ic.			
Street Address	Description of Item or Service		m or Service	М	D	Y	Fair Market Valu	e	
						<u> </u>			
City	St	tate	Zip Code	Receive	d at Fund	raising Ev	ent?		
		j			YES		□NO		

Page Total \$	586.06

<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)]