Page	7
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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

			*************************	vamen management	anno anno anno anno anno anno anno anno			
Name of Committee in Full								
Wood for School Board	TE 1 . A	ation, Labor Organization *	Daviet	ion Nive	hou if DA	C		
Full Name of Contributor	Employer, Occupa	Registration Number, if PAC						
Ronda Howard				T n	V	Tain Manhar 37 3	1	
Street Address	Description of Item or Service			D	Y	Fair Market Val	,	
348 Cumberland Drive	Refreshments for Fundraiser			1 0 1 5 0 9 100.00 Received at Fundraising Event?				
City		Zip Code	Received		raising Ev			
Whitehall	O H	43213		YES		✓NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Katherine Wood				,		•		
Street Address	Description of Item or Service		м 1 2	D 0 3	Y	Fair Market Val	i i	
385 Cumberland Dr.		Debt Forgiven					340.80	
City		Zip Code	Receive		raising Ev	vent?		
Whitehall	OH	43213		YES		NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Val	lue	
				1				
City	State Zip Code		Receive	d at Fund	raising E	vent?		
·				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 Va	lue	
500007.1441.055			1					
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
City				YES	Ü	NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
1 dil Name of Conditional	Zimproyot, occupation, zacor organization			,				
Street Address	Description of Item or Service		М	D	Y	Fair Market Va	lue	
Succe Address								
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
city				YES		NO		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
i un value of Controllor	Employer, occup	Togical Control of the Control of th						
Street Address	Description of Item or Service		M	D	Y	Fair Market Va	lue	
Street Address			"					
C:4.	State	Zip Code	Receive	d at Fund	raising E	L vent?		
City	State	Zip Code	Receive	YES	raising L	NO		
E III COMPANIA	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Full Name of Contributor	Employer, Occup	ation, Labor Organization	Registia	non run	ioei, ii i r	ic		
	D		M	D	Y	Fair Market Va	lua	
Street Address	Description of Item or Service		ivi	D	1	raii Maiket va	iue	
	<u> </u>	[a: a ]	<u></u>	1 . 12 . 1				
City	State	Zip Code	Receive	,	raising E			
			Registration Number, if PAC					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registra	tion Nuir	iber, if PA	AC		
					<del></del>			
Street Address	Description of Item or Service		M	D	Y	Fair Market Va	lue	
						<u> </u>		
City	State Zip Code		Received at Fundraising Event?					
				YES		NO		

<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)]