9

## **In-Kind Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Woods for Judge Committee					
Full Name of Contributor William H. Woods	Employer, Occupation, L	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Ser	Description of Item or Service		D Y	Fair Market Value
1022 Blind Brook Drive	envelopes	envelopes		0 8 2 2 1 4 \$17.95	
City	State Zip (	ode	Received a	t Fundraising	Event?
Columbus	OH 432	235	O YES	•	oo (
Full Name of Contributor	Employer, Occupation, L	abor Organization*	Registratio	n Number, if	PAC
William H. Woods			M		
Street Address	'	Description of Item or Service		9 11	Fair Market Value
1022 Blind Brook Drive		parade supplies		3 1 4	\$104.63
City	State Zip C		_	t Fundraising	_
Columbus Full Name of Contributor	Employer, Occupation, L	235	O YES	n Number, if	9 NO
Hermless, LLC	Employer, Occupation, L	abor Organization	Kegisuauo	n Number, 11	rac
Street Address	Description of Item or Ser	Description of Item or Service		ם ו	Fair Market Value
121 South High Street		food/drink for 10/9/14 fundraiser		1 0 0 9 1 4 \$390.00	
City	State Zip (			r Fundraisins	
Columbus	1 1 '	215	O YES	(	) NO
Full Name of Contributor	Employer, Occupation, L	abor Organization*		n Number, if	
Street Address	Description of Item or Sea	Description of Item or Service		D Y	Fair Market Value
City	State Zip (	Code	Received a	t Fundraising	Event?
			O YES		) NO
Full Name of Contributor	Employer, Occupation, L	Employer, Occupation, Labor Organization*		n Number, if	PAC
Street Address	Description of Item or Service		М	D Y	Fair Market Value
City	Stalte Zip (	Code	Received a	t Fundraisins	Event?
				O YES O NO	
Full Name of Contributor	Employer, Occupation, L	Employer, Occupation, Labor Organization*		n Number, if	PAC
Street Address	Description of Item or Ser	Description of Item or Service		D Y	Fair Market Value
City	Stalte Zip (	Code	Received a	t Fundraisin	Event?
			O YES		ON_(0
Full Name of Contributor	Employer, Occupation, L	Employer, Occupation, Labor Organization*		n Number, it	PAC
Street Address	Description of Item or Sec	Description of Item or Service		D \	Fair Market Value
City	State Zip (	Code	Received a	u Fundraisin	g Event?
					<b>)</b> ко
Full Name of Contributor	Employer, Occupation, L	abor Organization*	Registratio	n Number, it	PAC
Street Address	Description of Item or Se	Description of Item or Service		DY	Fair Market Value
City	State Zip	Code	l _	t Fundraisin	=
ł	,		OYES	(	O

Page Total \$512.58

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]