

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Elect Ronda Howard to the Whitehall School Board				
Full Name of Contributor Brent L Howard		Employer, Occupation, Labor Organization * Wallace F Acklev Co/Controller		Registration Number, if PAC
Street Address 348 Cumberland Dr.		Description of Item or Service Yard Signs/Frames		M D Y Fair Market Value 0 9 3 10 0 3 125.00
City Whitehall		State OH	Zip Code 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brent L Howard		Employer, Occupation, Labor Organization * Wallace F Acklev Co/Controller		Registration Number, if PAC
Street Address 348 Cumberland Dr.		Description of Item or Service Decal Sign Covers		M D Y Fair Market Value 0 9 3 10 0 3 53.17
City Whitehall		State OH	Zip Code 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brent L Howard		Employer, Occupation, Labor Organization * Wallace F Acklev Co/Controller		Registration Number, if PAC
Street Address 348 Cumberland Dr.		Description of Item or Service 2 Sided/2 Color Door Hanger		M D Y Fair Market Value 1 10 0 13 0 13 468.49
City Whitehall		State OH	Zip Code 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Brent L Howard		Employer, Occupation, Labor Organization * Wallace F Acklev Co/Controller		Registration Number, if PAC
Street Address 348 Cumberland Dr.		Description of Item or Service 2-Sided/1 Color Door Hanger		M D Y Fair Market Value 1 10 1 17 0 13 441.68
City Whitehall		State OH	Zip Code 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State 	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State 	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State 	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State 	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation 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)]