

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Lisa Whiting for School Board</b>																
Full Name of Contributor <b>Received at a Fund-Raising Event \$250 or less</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC												
Street Address		Description of Item or Service <b>Drinks / Ice</b>		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td>1</td> <td>0</td> <td>1</td> <td>105.67</td> </tr> <tr> <td>8</td> <td>0</td> <td>9</td> <td></td> </tr> </table>	M	D	Y	Fair Market Value	1	0	1	105.67	8	0	9	
M	D	Y	Fair Market Value													
1	0	1	105.67													
8	0	9														
City		State	Zip Code	Received at Fundraising Event? <input checked="" 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		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td></td> <td></td> <td></td> <td>0.00</td> </tr> </table>	M	D	Y	Fair Market Value				0.00				
M	D	Y	Fair Market Value													
			0.00													
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		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td></td> <td></td> <td></td> <td>0.00</td> </tr> </table>	M	D	Y	Fair Market Value				0.00				
M	D	Y	Fair Market Value													
			0.00													
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		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td></td> <td></td> <td></td> <td>0.00</td> </tr> </table>	M	D	Y	Fair Market Value				0.00				
M	D	Y	Fair Market Value													
			0.00													
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		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y	Fair Market Value								
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		<table border="1"> <tr> <td>M</td> <td>D</td> <td>Y</td> <td>Fair Market Value</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M	D	Y	Fair Market Value								
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 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)]