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Page	1

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Melody for Dublin School Board						·	
Full Name of Contributor	Employer Occ	mation Labor Ornanization #	Perietra	tion Num	har if DA	·C	
Scott Melody	Employer, Occupation, Labor Organization IBM		Registration Number, if PAC				
Street Address	Description of Item or Service		М	I D	Y	Fair Market Value	
5785 Tarton Cir N	ThisWeek - Advertising		110	4 -	017		
City	State Zip Code			d at Fund			
Dublin	$O \mid H$	1 -		YES		√ио	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Scott Melody	IBM		1				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
5785 Tarton Cir N	ThisWeek - Advertising		111	01	017	383.10	
City	State	Zip Code	Receive	d at Fund	raising Ev		
Dublin	$O \mid H$		<u> </u>	YES		√ио	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Scott Melody	IBM						
Street Address	,	Item or Service	М	D	Y	Fair Market Value	
5785 Tarton Cir N		P Advertising		2 9		238.35	
City	State	Zip Code	Receive	d at Fund	raising Ev		
Dublin	$O \mid H$			YES VNO			
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	raising Ev	vem?	
Full Name of Contributor	Employer, Occupation, Labor Organization •		Registra	Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Panaissa	d at Fund	micina Ex	1	
cuy	State	Zap code	The state of the s	YES	asug C	Пио	
Full Name of Contributor	Employer, Occ	upation, Labor Organization *	Registra	Registration Number, if PAC			
Street Address	Description of	Item or Service	М	D	ΤΥ	Fair Market Value	
orea nodess	Description of	ital of Same	"	Ιĭ	li	Tan Number Funds	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		□мо	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
Cin.	State	Zip Code	Pacarin	d at Fund	micina Fi	1	
City	1] YES		□NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	Ð	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
	1 1 .			YES		□N0	

Page Total \$ 813.00

^{*} 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)]