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	F	ιc.	35	17	10

In-Kind Contributions Received

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- 4	
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full	_	
Lynch for Office		
Full Name of Contributor	Employer, Occupation, Labor Organia	ization* Registration Number, if PAC
Tom Woodward		į
Street Address	Description of Item or Service	M D Y Fair Market Value
7207 Connor Ave	Brochures, Business Card	
City	Sta te Zip Code	Received at Fundraising Event?
Canal Winchester	OH 43110	
Full Name of Contributor	Employer, Occupation, Labor Organia	ization* Registration Number, if PAC
Tun mane of Community	Employer, Occupation, 2225 Organic	Registration Number, it FAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
Oily .	OH Zip code	
Full Name of Contributor	Employer, Occupation, Labor Organiz	ization Registration Number, if PAC
Full Name of Company	Employer, Occupation, Secon Organia	Zation* Registration Number, it FAC
Street Address	Description of Item or Service	M D Y Fair Market Value
50 C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
City	Sta te Zip Code	Received at Fundraising Event?
	OH Zip code	
Full Name of Contributor	Employer, Occupation, Labor Organiz	YES NO ization* Registration Number, if PAC
run nanc of Commonton	Employer, Occupation, Lacor Organiz	Zation* Registration Number, if PAC
Street Address	Description of Item or Service	Mi D Y Fair Market Value
SM 651 - 1521 - 152		
City	State Zip Code	Received at Fundraising Event?
City	OH Zip Code	
Full Name of Contributor		O YES O NO
Full Name of Controlled	Employer, Occupation, Labor Organiz	zation* Registration Number, if PAC
^·	S. International Control	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	OH,	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organiz	zation* Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organiz	ization* Registration Number, if PAC
i		
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code	Received at Fundraising Event?
,	OH S	_
Full Name of Contributor	Employer, Occupation, Labor Organiz	Zation* Registration Number, if PAC
• • • • • • • • • • • • • • • • • • • •		in a section of the s
Street Address	Description of Item or Service	M D Y Fair Market Value
1	-	
City	Sta te Zip Code	Received at Fundraising Event?
	OH	Oyes O NO
	1 - , ,	1 A JYES V NO

Page Total \$315.00

^{*} 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)]