## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Nama of Cammittae in Gull							
Name of Committee in Full Wood for School Board							
	Employer Occur	pation, Labor Organization *	Registrat	tion Numb	ber, if PA	ιC	
Full Name of Contributor	Employer, Occup	, adoo. Organization			, * 4		
Ronda Howard	Description of	m or Service	М	D	Y	Fair Market Value	
Street Address	Description of Ite	em or service Literature		1 8	1 1	I E	75.00
348 Cumberland Drive		Zip Code		d at Fundr			
City	State H	2ip Code 43213	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES	ug E	Vent? NO	
Whitehall		pation, Labor Organization *		tion Numb	ber if DA		
Full Name of Contributor	Employer, Occup	oanon, Laoui Organization *	registra.	INUIT	, 11 57	-	
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Received	d at Fundr	raising Ev	vent?	
City	Juit			YES		NO	Translation of the second
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	tion Num	iber, if PA		
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value	
City	State	Zip Code		d at Fundi	raising E		
Í				] YES		NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code		d at Fund YES		NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Num	nber, if Pa	AC	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	,
City	State	Zip Code		ed at Fund YES		NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of It	tem or Service	М	D	Y	Fair Market Value	>
City	State	Zip Code		ed at Fund YES		NO	
Full Name of Contributor	Employer, Occu	upation, Labor Organization *	Registn	ation Nun	,		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	e
City	State	Zip Code	Received at Fundraising Event?  YES  NO				
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	e
City	State	Zip Code	Receive	Received at Fundraising Event?  YES NO			

<sup>\*</sup> 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)]