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In-Kind Contributions Received

Page 1

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Cindy Crowe for School Board						
Full Name of Contributor	Employer Occupation Labor Organi	Employer, Occupation, Labor Organization* Registration Number, if PAC				
Giammarcos Pizza	Employer, Occupation, Labor Organi	Zation Registration (12 AC				
Street Address	Description of Item or Service	M D Y Fair Market Value				
6030 Chandler Ct.	Food Donation	1 1 0 8 1 1				
City	Sta te Zip Code	Received at Fundraising Event?				
Westerville	OH 43082	OYES O NO				
Full Name of Contributor	Employer, Occupation, Labor Organia	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?				
E. H.V.—— Co., with stars		O YES O NO				
Full Name of Contributor	Employer, Occupation, Labor Organi	Employer, Occupation, Labor Organization* 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	OYES O NO				
Full Name of Contributor	Employer, Occupation, Labor Organia	Employer, Occupation, Labor Organization* 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	OYES O NO				
Full Name of Contributor	Employer, Occupation, Labor Organi					
Street Address	Description of Item or Service	M D Y Fair Market Value				
City	Sta te Zip Code	Received at Fundraising Event?				
	OH	Oyes O NO				
Full Name of Contributor	Employer, Occupation, Labor Organi					
Street Address	Description of Item or Service	M D Y Fair Market Value				
City	State Zip Code OH	Received at Fundraising Event?				
Full Name of Contributor	Employer, Occupation, Labor Organi	YES NO · Ization* Registration Number, if PAC				
Street Address	Description of Item or Service	M D Y Fair Market Value				
City	Sta te Zip Code OH	1				
Full Name of Contributor	Employer, Occupation, Labor Organi					
Street Address	Description of Item or Service	M D Y Fair Market Value				
City	Sta te Zip Code OH	Received at Fundraising Event? OYES O NO				

Page Total \$0.00

^{*} 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)}