

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>MELODY FOR DUBLIN SCHOOL BOARD</b>			
Full Name of Contributor <b>TIM AND KATHY SPENCER</b>		Employer, Occupation, Labor Organization*	
Street Address <b>8186 BALLOCH CT</b>		Description of Item or Service <b>FOOD + BEVERAGE</b>	
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor <b>SCOTTIE MELODY</b>		Employer, Occupation, Labor Organization*	
Street Address <b>5785 TARTON CIR. N.</b>		Description of Item or Service <b>FOOD + BEVERAGE</b>	
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
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Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

\* 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)]

\$194.88 ✓  
 Page Total **\$0.00**