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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Cindy Crowe For School Board							
	le t o		15				
Full Name of Contributor The Cold Page of Maile	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
The Old Bag of Nails Street Address		<u>-</u>	 	_	1	la	
	Description of Item or Service		M	D	Y	Fair Market Value	
24 North State Street	Food for Election Night		1 1 0 6 0 7 407.00 Received at Fundraising Event?				
City	State	Zip Code			raising E		
Westerville	OIH	43081 pation, Labor Organization *		YES	10.00	NO	
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
Street Address	Description of It	em or Service	M	D 	Y	Fair Market Value	
City	State	Zip Code	Received	at Fundi YES	raising Ev	veni?	
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization * Registration Number, if PAC			AC .		
Street Address	Description of It	em or Service	М	Đ	Y	Fair Market Value	
City	State 	Zip Code	Received	at Fundi YES	raising E	vent?	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registrat	ion Num	ber, if PA	AC	
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value	
City	State 	Zip Code	Received	at Funda YES	raising Ev	vent?	
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value	
City	State 	Zip Code	Received	at Funds YES	raising E	vent?	
Full Name of Contributor	Employer, Occupation, Labor Organization • Registration Number, if PAC			AC			
Street Address	Description of It	em or Service	M	Đ	Y	Fair Market Value	
City	State 	Zip Code	Received	at Fundi YES	raising E	vent?	
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registrat	ion Num	ber, if PA	VC	
Street Address	Description of It	em or Service	М	D	Y 	Fair Market Value	
City	State	Zip Code	Received	at Fund YES	raising E	vent?	
Fall Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	Registration Number, if PAC			
Street Address	Description of Item or Service		М	D 	Y	Fair Market Value	
City	State 	Zip Code	Received	at Fund YES	raising E	vent?	

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Page Total \$	407.00	V

^{*} 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)]