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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Sanford For Schools					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Justin Sanford					
Street Address	Description of Item or Service		M D Y	Fair Market Value	
1748 Harrison Pond Dr	Outstanding Debt Forgiveness		121015	\$660.03	
City.	State Zip Code		Received at Fundraising Event?		
New Albany	ОН	43054			
Full Name of Contributor		ation, Labor Organization*	O YES O NO Registration Number, if PAC		
Tall Call Control Cont	Display at Storpholic Display Co.		Negasianoa Manoot, ii ii ie		
Street Address	Description of Item or Service		M D Yi	Fair Market Value	
Sacet Addless	Description of Ref	ii di Service		ran Marker Value	
Cin.	State	17:- C-4-	Desired on Freedominion 5		
City	OH	Zip Code	Received at Fundraising I	eventr	
				NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Iter	n or Service	M. D. Y	Fair Market Value	
City	Starte	Zip Code	Received at Fundraising I	event?	
	OH	<u> </u>	OYES O	NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization"	Registration Number, if P.	AC	
Street Address	Description of Item or Service		M D Y	Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising E	vent?	
	ОН		OYES O NO		
Full Name of Contributor	Employer, Occupation, Labor Organization		Registration Number, if PAC		
Street Address	Description of Item or Service		NE D Y	Fair Market Value	
City	State	Zip Code	Received at Fundraising I	vent?	
v.,	OH.	E.P. Cool	_		
Full Name of Contributor	Employer, Occupation, Labor Organization*		O YES O NO Registration Number, if PAC		
tus .vane of Countonion	Employer, Occupanion Labor Organization		registation remote, it issue		
Street Address	Description of Item as Service		Me D Yi	Fair Market Value	
Succi Addicss	Description of Item or Service			Pail Market Value	
		In: a .		<u> </u>	
City City	Stailte OH	Zip Code	Received at Fundraising I	event?	
			O YES O NO		
Full Name of Contributor	Employer, Occup	ation, Labor Organization*	Registration Number, if P.	AC '	
Street Address	Description of Item or Service		M D Y	Fair Market Value	
City	State Zip Code		Received at Fundraising Event?		
			O YES O NO		
Full Name of Contributor	Employer, Occupation, Labor Organization			Registration Number, if PAC	
	1				
Street Address	Description of Item or Service		M D Y	Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising I	Event?	
	ОН		O _{VES} O	NO	

Page Total \$660.03

[•] 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)]