

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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| Name of Committee in Full Doug Maggied for School Board | | | |
| Full Name of Contributor Kathleen Maggied | Employer, Occupation, Labor Organization * St Celia's Catholic Church | Registration Number, if PAC | |
| Street Address 8982 Roberts Rd | Description of Item or Service Candy handout items | M D Y 0 8 3 1 1 1 | Fair Market Value 86.95 |
| City Galloway | State Zip Code OH 43119 | Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| Full Name of Contributor Troy Maggied | Employer, Occupation, Labor Organization * Student | Registration Number, if PAC | |
| Street Address 522 Galena St | Description of Item or Service Booth fee HilliardFest | M D Y 0 8 2 7 1 1 | Fair Market Value 45.00 |
| City Darlington | State Zip Code W I 53530 | Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| Full Name of Contributor Doug Maggied | Employer, Occupation, Labor Organization * SHP Leading Design | Registration Number, if PAC | |
| Street Address 8982 Roberts Rd | Description of Item or Service Forgiven Loan | M D Y 1 1 2 1 1 1 | Fair Market Value 1,442.94 |
| City Galloway | State Zip Code OH 43119 | Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

* 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)]