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In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Woods for Judge Committee			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
In-Kind Contr. Received at Fund-Raising Event \$250 or Less	Employer, Gottiphilon, Endor Organization		,
Street Address	Description of Item or Service		M D Y Fair Market Value
	Food and Supplies		0 3 2 7 1 4 \$34.95
City	Sta te	Zip Code	Received at Fundraising Event?
	OH		⊙ YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
William H. Woods			
Street Address	Description of Item or Service		M D Y Fair Market Value
1022 Blind Brook Drive	photographs		0 2 2 7 1 4 \$117.70
City	Sta te	Zip Code	Received at Fundraising Event?
Columbus	OH	43235	O YES O NO
Full Name of Contributor	Employer, Occup	oation, Labor Organization*	Registration Number, if PAC
William H. Woods			
Street Address	Description of Item or Service		M D Y Fair Market Value
1022 Blind Brook Drive	name badges		0 2 2 1 1 4 \$46.01
City	State	Zip Code	Received at Fundraising Event?
Columbus	OH	43235	O YES O NO
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC
Rebecca Woods	15		M D Y Fair Market Value
Street Address	Description of Item or Service		
518 East Jeffrey Place City	Domain Name for Website State Zip Code		0 4 1 5 1 4 \$11.34 Received at Fundraising Event?
Columbus	OH	43214	l
Full Name of Contributor		pation, Labor Organization*	Registration Number, if PAC
William H. Woods	Lingsidy or, Severy	, and or organization	
Street Address	Description of Item or Service		M D Y Fair Market Value
1022 Blind Brook Drive	Envelopes		0 4 1 5 1 4 \$1.50
City	Sta te	Zip Code	Received at Fundraising Event?
Columbus	OH	43235	O YES O NO
Full Name of Contributor	Employer, Occu	pation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	Starte	Zip Code	Received at Fundraising Event?
			O YES O NO
Full Name of Contributor	Employer, Occu	pation, 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?
			O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
	Description of Item or Service		M D Y Fair Market Value
Street Address			M D Y Fair Market Value
	e.d.	Zin Code	Received at Fundraising Event?
City	Stal te	Zip Code	
	1 .		O YES O 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)]