

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Ronda S. Howard				
Full Name of Contributor In-Kind Contributions Received at a Fun		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address N/A		Description of Item or Service		M D Y Fair Market Value 0 9 1 5 1 1 167.95
City N/A		State	Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Brent L. Howard		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 348 Cumberland Dr.		Description of Item or Service invitations/stamps		M D Y Fair Market Value 0 9 0 2 1 1 61.85
City Whitehall		State O H	Zip Code 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Ronda S Howard		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 348 Cumberland Dr.		Description of Item or Service T-Shirts		M D Y Fair Market Value 0 9 1 4 1 1 56.46
City Whitehall		State O H	Zip Code 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Ronda S Howard		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 348 Cumberland Dr.		Description of Item or Service thankyou notes/stamps		M D Y Fair Market Value 0 9 1 8 1 1 25.63
City Whitehall		State O H	Zip Code 43213	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

* 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)]