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In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Recipient Committee		
Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	
Recipient Committee	· · · · · · · · · · · · · · · · · · ·	
Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	
Recipient Committee		
Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	
Recipient Committee		
Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	
Recipient Committee		
Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	
Recipient Committee		
Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	
Recipient Committee		
Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	

\$0.00 Page Total \$