In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Adam Slane		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Grant Shaffer		
Street Address	Description of Item or Service	M D Y Fair Market Value
5692 Countrie Side Drive	Mailing Supplies (Postage)	1 0 2 7 0 9 \$150.00
City	Stal te Zip Code	Received at Fundraising Event?
Galloway	OH 43119	OYES O 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 OH	Received at Fundraising Event? OYES NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Pull rame of Conditions	Lampoyou, Occupancia, Sacor S. Barris	registration Planton, it 1210
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	Received at Fundraising Event? © YES 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 OH	Received at Fundraising Event? OYES 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 OH	Received at Fundraising Event?
		O YES O 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 OH	Received at Fundraising Event? O YES 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	Sta te Zip Code OH	Received at Fundraising Event? OYES 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 OH	Received at Fundraising Event? OYES O NO

Page Total \$150.00

^{*} 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)]