

# 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					
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City	State Zip Code OH					

**\$0.00**  
Page Total \$ \_\_\_\_\_