

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <u>Jason Adams for Judge Committee</u>					Registration Number, if PAC		
Full Name of Candidate <u>Jason T. Adams</u>							
Street Address <u>1830 Stabler Rd</u>				Office Sought <u>Akron Mun. Ct. Judge</u>		District	
City <u>Akron</u>				State <u>OH</u>		Zip Code <u>44313</u>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M <u>11</u> D <u>07</u> Y <u>17</u>	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	18,709	17
2. Total monetary contributions (From Form No. 31-A)	\$	15,418	00
3. Total other income (From Form No. 31-A-2)	\$	15,000	00
4. Total funds available (sum of lines 1, 2, 3)	\$	49,127	17
5. Total monetary expenditures (From Form No. 31-B)	\$	48,914	96
6. Balance on hand (line 4 minus line 5)	\$	212	21
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	2,783	16
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	-0-	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	19,200	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	-0-	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	-0-	
12. Value of independent expenditures made (From Form No. 31-U)	\$	-0-	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$		

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SUMMIT COUNTY  
BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

JoAnna Adams Dep. Tre JoAnna Adams 12/14/2017  
Print Name and Title (Treasurer and Deputy-Treasurer only) Signature Date

Contribution pages <u>2</u>	Expenditure pages <u>1</u>	Other pages <u>8</u>	Total pages <u>11</u>
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31-A

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Jason Adams for Judge Comm. Hee						
Full Name of Contributor Tamera O'Brien					Registration Number, if PAC	
Street Address 1625 Orchard Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Akron	State OH	Zip Code 44333	M 10	D 14	Y 17	Amount 100.00
Full Name of Contributor Summit County Republican Party					Registration Number, if PAC	
Street Address 1755 Merriam Rd, #250		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Akron	State OH	Zip Code 44313	M 10	D 20	Y 17	Amount 8,000.00
Full Name of Contributor John Whalen					Registration Number, if PAC	
Street Address 367 Onwassa Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Fairlawn	State OH	Zip Code 44333	M 10	D 24	Y 17	Amount 40.00
Full Name of Contributor Law Office of Lee Wagener					Registration Number, if PAC	
Street Address 2351 Becket Cir.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Stow	State OH	Zip Code 44224	M 10	D 24	Y 17	Amount 100.00
Full Name of Contributor John Cadrea					Registration Number, if PAC	
Street Address 6563 Olde Fifth Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Peninsula	State OH	Zip Code 44264	M 11	D 03	Y 17	Amount 150.00
Full Name of Contributor David Lambert; Attorney at Law					Registration Number, if PAC	
Street Address 209 S. Main St., #500		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Akron	State OH	Zip Code 44308	M 11	D 01	Y 17	Amount 100.00
Full Name of Contributor Nicole Adams					Registration Number, if PAC	
Street Address 5161 W. Loreda Et.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Chandler A	State AZ	Zip Code 85226	M 10	D 25	Y 17	Amount 600.00
Full Name of Contributor Elisa Hill for Judge Comm. Hee					Registration Number, if PAC	
Street Address 1841 Breakfield Dr.		Employer/Occupation/Labor Organization* Reimbursement for part of billboards			Form (Cash, Check, etc.) check	
City Akron	State OH	Zip Code 44313	M 11	D 01	Y 17	Amount 2463.00

\* 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 also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Jason Adams for Judge Committee</i>						
Full Name of Contributor <i>Robert Kilivaris</i>					Registration Number, if PAC	
Street Address <i>482 Saint Andrews Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Akron</i>	State <i>O.H</i>	Zip Code <i>44303</i>	M <i>10</i>	D <i>29</i>	Y <i>17</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Michael Wells</i>					Registration Number, if PAC	
Street Address <i>2799 Graybill Rd.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Uniontown</i>	State <i>O.H</i>	Zip Code <i>44695</i>	M <i>10</i>	D <i>27</i>	Y <i>17</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Maria Berry</i>					Registration Number, if PAC	
Street Address <i>2021 Forest Edge Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Cuyahoga Falls</i>	State <i>O.H</i>	Zip Code <i>44223</i>	M <i>11</i>	D <i>03</i>	Y <i>17</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Julie Toth</i>					Registration Number, if PAC	
Street Address <i>221 N. Portage Path #2</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>	
City <i>Akron</i>	State <i>O.H</i>	Zip Code <i>44303</i>	M <i>11</i>	D <i>05</i>	Y <i>17</i>	Amount <i>100.00</i>
Full Name of Contributor <i>Contributions form no. 31-E</i>					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization* <i>10/30/17 event</i>			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount <i>3465.00</i>
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

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31-B

R.C. 3517.10

# Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full									
Jason Adams for Judge Comm. Hec									
To Whom Paid						M	D	Y	Amount
Red Maverick Media LLC						11	02	17	33,000.00
Address				Purpose					
403 N. Second St., Fl. 2				TV buy -					
City		State		Zip Code		Check Number			
Hamsburg		PA		17101		Wire transfer			
To Whom Paid						M	D	Y	Amount
Red Maverick Media LLC						11	09	17	2,000.00
Address				Purpose					
403 N. Second St. Fl. 2				facebook booster					
City		State		Zip Code		Check Number			
Hamsburg		PA		17101		1052			
To Whom Paid						M	D	Y	Amount
Huntington Bank						11	11	17	63.00
Address				Purpose					
1900 E. Ninth St.				Wire transfer fee - deducted from check by acct.					
City		State		Zip Code		Check Number			
Cleveland		OH		44114		-			
To Whom Paid						M	D	Y	Amount
Expenditures Form 31-F						10	31	17	351.96
Address				Purpose					
				Event					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Loans paid this period Form 31c									13,500.00
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State		Zip Code		Check Number			

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Jason Adams for Judge Comm. He</b>																	
From Whom Received <b>Jason Adams</b>						Prior Amount <b>17,700.00</b>			Amt. Incurred this Period <b>15,000.00</b>								
Address <b>1830 Stabler Rd</b>									Outstanding Balance <b>32,700.00</b>								
City <b>Akron</b>		State <b>OH</b>		Zip Code <b>44313</b>		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
		<b>06</b>		<b>26</b>		<b>15</b>		<b>15,000.00</b>		<b>11</b>		<b>12</b>		<b>17</b>		<b>13,500</b>	
Registration Number, if PAC						M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*						M		D		Y		M		D		Y	
From Whom Received						Prior Amount			Amt. Incurred this Period								
Address									Outstanding Balance								
City		State		Zip Code		Loans Received This Period				Payments This Period							
		<b>OH</b>				Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC						M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*						M		D		Y		M		D		Y	
From Whom Received						Prior Amount			Amt. Incurred this Period								
Address									Outstanding Balance								
City		State		Zip Code		Loans Received This Period				Payments This Period							
		<b>OH</b>				Date		Amount		Date		Amount					
Date Loan was originally Incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC						M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*						M		D		Y		M		D		Y	

\* 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 also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ 17,700.00

<sup>2</sup> Total received this period \$ 15,000.00 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ 13,500.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ 19,200 (To Form No. 30-A)

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full		Full Name of Contributor		Registration Number, if PAC	
Jason Adams for Judge Committee		Committee to Re-Elect Judge Cosgrove			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
731 N. Monroe Rd.		10	20	17	100.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Tallmadge	OH	44318		check	
Michael Callahan					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
137 S. Main St., #300		10	20	17	200.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Akron	OH	44308		money order	
Kevin Sanislo					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
930 Sandin Rd		10	22	17	200.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Akron	OH	44333		check	
Stacy McGowan Attorney at Law					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
670 Crossings Cir.		10	20	17	100.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Tallmadge	OH	44274		check	
Cara Kennerly-Ford					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
205 Brookern Dr.		10	30	17	75.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Coply	OH	44321		check	
Donald Hicker Attorney at Law					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
159 S. Main St., #1423		10	30	17	100.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Akron	OH	44303		check	
Katrice Law Office					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1655 W. Mkt. St., #230		10	30	17	100.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Akron	OH	44313		check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

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Total expenditures this event

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Page Total \$ 875.00



# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full		Full Name of Contributor		Registration Number, if PAC	
Jason Adams for Judge Committee		James Lawrence			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2511 Valley View Dr.		1	0	17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Cuyahoga Falls	OH	44223	check		
Jennifer Hensal					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
225 S. Rose Blvd.		1	0	17	50.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44313	check		
John Greven					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3181 Dunstone Ave		1	0	17	200.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44313	check		
Judith Hunter					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
626 Hunters Trl.		1	0	17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44313	check		
Dr. Juliana Betita					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1439 Whipoorwill Tr.		1	0	17	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Stow	OH	44224	check		
Diamond Marcom					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1379 Cordova Ave.		1	0	17	40.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44320	check		
Brennan, Mann & Diamond LLC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
75 E. Market St.		1	0	17	2000.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44308	check		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event

3465 | 00

351 | 96

Page Total \$ 2590.00



## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jason Adams for Judge Comm. Hee</b>									
To Whom Paid <b>Akron Family Restaurant</b>						M	D	Y	Amount
Address <b>250 W. Market St.</b>						<b>10</b>	<b>30</b>	<b>17</b>	<b>351.96</b>
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44303</b>	Purpose <b>fundraiser food</b>		Check Number <b>1051</b>			
To Whom Paid						M	D	Y	Amount
Address									
City		State	Zip Code	Purpose		Check Number			
		<b>OH</b>							
To Whom Paid						M	D	Y	Amount
Address									
City		State	Zip Code	Purpose		Check Number			
		<b>OH</b>							
To Whom Paid						M	D	Y	Amount
Address									
City		State	Zip Code	Purpose		Check Number			
		<b>OH</b>							
To Whom Paid						M	D	Y	Amount
Address									
City		State	Zip Code	Purpose		Check Number			
		<b>OH</b>							
To Whom Paid						M	D	Y	Amount
Address									
City		State	Zip Code	Purpose		Check Number			
		<b>OH</b>							
To Whom Paid						M	D	Y	Amount
Address									
City		State	Zip Code	Purpose		Check Number			
		<b>OH</b>							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

### In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Jason Adams for Judge Comm. Hez					
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Jason Adams					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1830 Stabler Rd.	ACME - Stamps	10	19	17	147.00
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Jason Adams					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1830 Stabler Rd.	ACME - stamps	10	25	17	245.00
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Jason Adams					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1830 Stabler Rd.	Staples - Photocopier	10	25	17	10.10
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Jason Adams					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1830 Stabler Rd.	Constant Contact	10	27	17	74.73
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Jason Adams					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1830 Stabler Rd.	ACME - Stamps	10	30	17	147.00
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Jason Adams					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1830 Stabler Rd.	facebook	11	01	17	12.80
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Jason Adams					
Street Address	Description of Item or Service	M	D	Y	Fair Market Value
1830 Stabler Rd.	facebook	11	03	17	25.00
City	State	Zip Code	Received at Fundraising Event?		
Akron	OH	44313	<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		

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Page Total \$ 611.63

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Jason Adams for Judge Comm. Hee</b>			Registration Number, if PAC				
Full Name of Contributor <b>Citizens for Jim Loria</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address <b>600 Tamiami Trl.</b>		Description of Item or Service <b>Printing expense</b>		M	D	Y	Fair Market Value <b>471.53</b>
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44303</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor <b>Citizens for Jim Loria</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address <b>600 Tamiami Trl.</b>		Description of Item or Service <b>Media buy</b>		M	D	Y	Fair Market Value <b>1650.00</b>
City <b>Akron</b>		State <b>OH</b>	Zip Code <b>44313</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> 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)]