

Ohio Campaign Finance Report

Full Name of Committee				<u> </u>					Registrat	ion Numbe	r, if PAC	
Full Name of Candidate	Ada	Was For	J	idge Com	n. He	٠	·				·- <u>-</u> -	
Josev	T	Adams										
Street Address	Stal	sler Rd				Office So	nghi M	n.C	I. Ju	de	District	
City AKON		Siev ve		 			(1100)	Sta	'	Zip Code	212	-
Type of Report		re-Primary		Post-Primary		Pre-Gene	ral		Post-Gen			> nnual Year
(place X to the left of report type)	J	uly 1onthly		August Monthly		September Monthly			Terminati		S	miannual
	S∠No R	eport Electronically F	iled?	Yes No	Date of	Election) ^M	١	O	7	Y
For candidates only, during on e No other forms are required for	a post-prim	ary or post-general pe	riod, if a	bove statement applies.	iee R.C. 351	7.10(H) for	details.	09	17	7		
	10 CARD 40 CA	monetary contribut	The state of the s	그렇다면 하시아니다 중심 바라 하네요 하는데 하다.	A: 127213 0000	s	15,4		00	1		
	100000000000000000000000000000000000000	other Income (From		(ó. 31-A-2)	Carlos Season	s	15,1		00	1		
	4. Total	funds available (sum	of lines	1, 2, 3)	in a	s	49.	127	17			
65	5. Total	monetary expenditu	res (Fro	m Form No. 31-B)		s	48,	914	96			
	6. Balan	ice on hand (line 4 m	inus iln	S) HAR Galleria (Stanger)	SEATOR	s		212	21			
	7 Yalut	······································	ZIA	COPY	(I-J-I)	5	2,1	183	16	_		11_12
	8. Value	of in-hind contribut	chams	ETTE GTIO	IS .	s		-0-				
	9. Outst	BOANP	y comm	litee (From Form No. 3	I-C)	s	191	200	00			
	10. Out	standing debts owed	by com	mittee (From Form No.	31-N)	s		-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 Sun	Electronic Filing Ent of lines 2, 7, and an	titles onl	y any new loans received	this period	S						
THE INFORMATION CONT FALSIFICATION IS GUILTY O A A Print Name and Title (Treasurer	LANCS	LONY OF THE FIF			of ELEC	tion fai Lda	SIFICATION	i. WHO	EVER CO	MMITS E	LECTI 20	on <u>17</u> .

Statement of Contributions Received

Page 2

Prescribed by Secretary of State 03/05

Name of Committee in Full JOSON Adoms for Just		lle s	·	
Full Name of Contributor	CA COM	W. Hec.	Registration Number, if	PAC
Tamera O'Bren				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
Street Address 1625 Orchard Dr.	State	Zip Code .	M D Y	Cheet
City	0.11	u4333		100.00
Full Name of Contributor		5, 555	Registration Number, if	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is
Street Address	, Post	<u> </u>		
•	Employer/Occupat	ion/Labor Organization		Form (Cash, Check, etc.)
1755 Merimon Rd H 250	State	Zip Code	M D Y	Check Amount
City Akon	0 14	44313	10/2/01/7	8,000
Full Name of Contributor			Registration Number, if	
John Whalen				
Sireel Address	Employer Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
367 ONOSSO AVE.	State	Zip Code	Mi Di Yi	Check
City Fair lawn	0 14	U(4333	102417	40.00
Full Name of Contributor	0 , 1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Number, if	
Law Office of Lee Wagone				
Street Address	Employer/Occupat	ion/Labor Organization*	•	Form (Cash, Check, etc.)
2351 Becket Cir.	State	Zip Code	M D Y	Amount
City	O 1-1	41224	170241	100.00
Full Name of Contributor			Registration Number, if	PAC
John Codreg				
Street Address	Employer Occupat	ion/Labor Organization®		Form (Cash, Check, etc.)
6563 Olde Eishird.	State	Zip Code	I ME I DE I M	Check
Peninsula.	0 14	44264	1 103117	150.00
Full Name of Contributor			Registration Number, if	PAC
David Lamberdi Albania	Low			
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
209 S. Main St. # 500	Pt	17:- C-1.		Amount
City	State	Zip Code UU303		100 00
Full Name of Contributor	1 0 11 _	1 0(0.700	Registration Number, if	
Nicole Adems				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
5161 W. Lordo Et.	Prote	7:- C-4-	IM IN M	check
City Charder A	State Z	Zip Code C 5226	M D Y	Amount 600,00
Full Name of Contributor			Registration Number, if	PAC
	nm. Hee			F 16 15 61 5 1 5
Street Address		ion/Labor Organization	1 111-001-	Form (Cash, Check, etc.)
City Brockfield D	Rombur	Touch tor part of	b. 1/ 50 ards	Amount
Akon	0,11	44313	11011	2463,00

Page Total 11553.0

^{*} 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

Page 3

Prescribed by Secretary of State 03/05

Name of Committee in Full Jason Adams for Jud	ise (sir	in. Her		•		
Full Name of Contributor Ruser Killy G15	, -		Registrat	lion Num	ber, if PA	AC .
Street Address	Employer/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Employer/Occupat	tole Labor Organization				chact
City 482 Sount Halrews Dr.	State	Zip Code	M	D	Y	Amount
Akon	O. H	44303	10	29	1 +	50.001
Full Name of Contributor			Registrat	ion Num	ber, if PA	
Michael Wells						
Street Address	Employer/Occupat	ion/Labor Organization				Form (Cash, Check, etc.)
2799 Graybill R.		1	1			Check
City	State	Zip Code 44685	M	D		Amount Co. 60
Uniotown	OH	99687	Registrat	2 /	her if PA	,
Full Name of Contributor			registra.			.0
Sireet Address	Employer/Occurate	ion/Labor Organization				Form (Cash, Check, etc.)
2021 Facest Edge Dr.	Employer/Occupat	ton Lagor Organization				check
City	State	Zip Code	M	D	Y	Amount
Coyahoga Fills	0.11-	44223) h	U3	ר ו	100.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	C
The Toth						<u>. </u>
Street Address	Employer/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)
221 N. Purtage Path 42			X 4 el	:	2.5	(here's
City	State	Zip Code 44303	M			Amount
Full Name of Contributor	0 4	44 36 3	Registrat	ion Num	ber. if PA	
Cantributions form in	31-	F				
Street Address		ion/Labor-Organization				Form (Cash, Check, etc.)
		10/30/17 Quer	+			
City	State	Zip Code	M	D	Y	Amount
						3465.00
Full Name of Contributor			Registrat	ion Num	ber, if PA	
Street Address	Employer/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
	<u>/</u>	E 100		/		
Full Name of Contributor	2002		Registrat	ion Num	ber, if PA	ic _
Street Address	Employer/Occupat	ion/Labor Organization*	—		•	Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor		pro propor	Registrat	ion Num	ber, if PA	iC .
	I					Form (Cash, Check, etc.)
Street Address	Employer Occupat	ion/Labor Organization*				t of its (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
1	/	,				_

*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)]

Page Total 20/5

Statement of Other Income

Page L(

Prescribed by Secretary of State 2/01 Name of Committee in Full to: Judge Committee Registration Number, if PAC 15,000.0 City Zip Code 1-1 44313 Whe trensfer Statement of Loans Roce, veel this Address Amount 31 C Zip Code Form (Cash, Check, etc.) Address Type Amount State Zip Code Form (Cash, Check, etc.) Full Name Registration Number, if PAC Address Type Amount Zip Code Form (Cash, Check, etc.) City Registration Number, if PAC Fuli Name Address Form (Cash, Check, etc.) State Zip Code Registration Number, if PAC Full Name Address Amount Type State Zip Code Form (Cash, Check, etc.) Full Name Registration Number, if PAC Address Type State Zip Code Form (Cash, Check, etc.) Fuli Name Registration Number, if PAC Address Amount State Zip Code City

15,000

Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uneashed check or the committee's own insufficient funds check received. IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Page 5

Prescribed by Secretary of State 2/01

Name of Committee in Full			100 100					
T 7 7	D. C.	Her						
To Whom Paid	1076	IMAL. FILA	MPY	Amount				
Address Red Media L	<u>C</u>		11000011	33,000 00				
To Whom Paid Red Mevenck Media L Address 403 N. Second St. Fl.2	Purpose +V	604 -		2				
1	1 - 1		Check Number					
tlans byg	1810	17101	Wire transfer	Amount				
had Marenese Media u	hed Moverick hedre were							
Address 403 N. Second St. Fl.	Purpose	esosle booslo		2,000,:3				
Cily 1	State	Zip Code	Check Number					
To Whom Paid	PIA	10171	1052					
Huntington Bond	10		1111317	Amount 63.00				
1900 E. Ninth St.	Purpose	transfer fee -	leducted for	on the ty Go				
City Ct O	State	Zip Code	Check Number					
To Whom Paid	O H	94114	- M I D I V	Amount				
Expenditures Form	31-F		103017	351.96				
Address	Purpose							
City	Sine	Zip Code	Check Number					
To Whom Paid								
Loans paid this Pero	d For	n 316	MDY	13,500 cs				
Address	Purpose	. , ,		131300 6				
Cuy	i State	7.ip Code						
	3.2.0	rp c oue	Check Number					
To Whom Paid			MPD	Amount				
Address	Purpose		шши					
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	7	i i i					
Cay	State	Zip Code						
	346	ap € out	Check Number					

Statement of Loans Received

Page 6

Prescribed by Secretary of State 3/05

Full Name of Committee		_									
From Whom Received	ams	BC	Juda	se (2ms	<u>~.4</u> 4	<u>ئے</u>				
From Whom Received		,						Prior Ar			Amt. Incurred this Period
Ja 500 A	dem>	•						<u> </u>	סר,ד	ری,ن	0utstanding Balance
1830 Stable Rd											32,700.00
	2r are	2 ip Cour	212	П	Los	ns Receiv	red This Period			Davmanta	This Period
Akon	ОН	D	313	М	Date D	l v	Amount	M	Date	T Y	Amount
Date Loan was originally Incurred	06	26		10		dib.	15,000.00		12		13,500
Registration Number, if PAC	106	1 FIC	110	М	D	Y	1-1000. 20	M	D D	Y	13/ 300
F. 1. 10									- 12		
Employer/Occupation/Labor Organization	n*			M	D	Y		М	D	Y	
From Whom Received	·	:		-	3	1		Prior An	iount		Amt. Incurred this Period
Address											Outstanding Bulance
City	St ate	Zip Code		_							
	ОН			_	Date		ed This Period Amount		Payments This Period Date Amou		
Date Loan was originally incurred	M	D	Y [М	D	Y	\$	М	D	Y	S
Registration Number, if PAC	•		-	М	D	Y		М	D	Y	
Employer/Occupation/Labor Organizatio	n*			М	D	Y		М	D	Y.	
From Whom Received			-	,	1 1			Prior Am	ount		Amt. Incurred this Period
Address											
Vame?											Outstanding Balance
City	St ate	Zip Code			Lone	ns Receiv	ed This Period)	This Period
1 - 1 W - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	М	D	T 72		Date		Amount	1	Date		Amount
Date Loan was originally incurred	M	_	Y [М	D	Y	,	М	D	Y	S
Registration Number, if PAC				М	D	Y		М	D	Y	***
Employer/Occupation/Labor Organizatio	n*			М	D	Y		М	D	Y	
				Li							
 Required for contributions from in- the individual's business, if any, rati labor organization of which the em 	her than en	nployer sh	ould be lis	ted. If r	wo or m	ore empl	oyees contribute via pa	or is self- yroll ded	employe uction an	d, the occ d exceed	cupation and the name of the aggregate of \$100, the
If a loan is forgiven, write "Forgi	iven" in ti	he "Outst	anding B	alance'	" space	. Transf	er total of all loans r	eceived (this peri	od to the	e 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).											
Total prior amount \$ 17, 700.00											
Total received this period \$ 15,000.00 (To Form No. 31-A-2)											
Total payments this period \$ 13,500,co (To Form No. 31-B)											
Total Outstanding Balance \$ 19,200 (To Form No. 30-A)											

Event Date	io	30	כי.
Page			

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

	riescribed by Sect	Eraily or 2006 T/O1		
Name of Committee in Full Jason Adams for Jud	(11.		
Jason Adams for Jul	Je long	,	Registration Number, if F	
Country to Re- Flori Judy	e- (0550	nue.	Registization (Manber, 11)	AL
Speci vomes	Employer/Occupati	on/Labor Organization*	ME D Y	Amount
731 N. Monroe Rd.			10/20/17	Go 001
City Tallmadye	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	10 11-1	44308	Registration Number, if P.	
Michael Callahan			The second section of the	
137 S. Main 5t. #300	Employer/Occupado	on/Labor Organization*	102017	200 po
Aknn	Sta 1e	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	0 11	44308	Money ander Registration Number, if PA	
Kevin Sanislo			regulation Number, II PA	
Street Address	Employer-Occupation	nvLabor Organization*	M D Y	Amount
930 Sandin Rd	State	Zip Code	Form (Cash, Check, etc.)	200.00
Akon	0 1-1	44333	Check etc.)	
Full Name of Contributor			Registration Number, if PA	C
Street Address	er at L	cu		
Street Address 670 Crossings C.r.	Employer Occupation	n/Labor Organization*		Amount
City	State I	Zip Code	Form (Cash, Check, etc.)	100.00
Tallmodge	0:11	44278	Cheele	
Full Name of Contributor			Registration Number, if PA	C
Street Address				
205 Brooken Dr.	Employer/Occupation	n/Labor Organization*		Amount D.S. D.
City	State	Zip Code	Form (Cash, Check, etc.)	
Coply	D H	44321	check	1
Dunald Holes Alterny	cd Law		Registration Number, if PA	C C
Street Address	Empioyer Occupation	vLabor Organization*	M D Y	Amount
159 S. Main St. = 1423			103017	00.601
Akon	State	Zip Code UUZO.S	Form (Cash, Clieck, etc.)	
Full Name of Contributor Katicii Law Office			Registration Number, if PA	
treet Address	Employer-Occupation	ı-Lahor Organization*	M D Y	Amoun!
1655 W. Mkt. St. +1730	San ar	7 6	103017	100.00
Akon	State 1-1	Zip Code UU313	Form (Cash, Check, etc.)	
	200 - 1000 - 00			

in in the boxes below biny on the last page for this event.		
Transfer the Total contributions for this event to form No. 31-3	Under Full Name of Contributor state "Contributions from form No. 31-1	and list the date of the event in the date column

Total contributions this event	Total expenditures this event	
	12 1.6	Page Total S 875.00

Required for committations from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)x41]

R.C. 3517.10(B)

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

Event Date	10/30/17
Page O	

Prescribed by Secretary of State 2/0

	Frescribes by Se	cretary of State 1/01	
Name of Committee in Full			
Jason Adams for J	Judge Co.	mm. Hee	
Full Name of Contributor			Registration Number, if PAC
James Lawrence			
Street Address	Employer/Occurs	stion/Labor Organization*	MI D Y Amount
2511 Vally View Dr.		PONT CAROL CARACTERISTICS	
City	Stalte	Zip Code	1103017 100.00
Coychoge Falls	6 14	44223	Form (Cash, Check, etc.)
Full Name of Contributor	10111	1 99263	Check
Jenifer Hensal			Registration Number, if PAC
Street Address			
	Employer/Occupa	nion/Labor Organization*	M D Y Amount
City 225 S. Rose Blud.			11030117 50.03
	Starte	Zip Code	Form (Cash, Check, etc.)
Akron	0 14	144313	Check
Full Name of Contributor		•	Registration Number, if PAC
John Greven			
Street Address	Employer-Occupat	ion/Labor Organization*	M D Y Amount
3181 Dunstone Ave			103017 200,00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Akon	1014	44313	check -
Full Name of Contributor			Registration Number, if PAC
Jud- Hy Hunter			
Street Address	Employee Occupant	on/Labor Organization*	M D Y Amount
626 Hunters Trl.	Employer.Occupati	on Labor Organization	
City	State	Zip Code	Form (Cash, Check, etc.)
Λ	0:11	44313	有意思的思想是是我们的自己的思想的
Full Name of Contributor	1071-1	1 44313	Check
_			Registration Number, if PAC
Street Address			
	Employer/Occupati	on/Labor Organization*	M D Y Amount
1439 Whipporuill Tr.			10 3017 100.00
Tity	Sta te	Zip Code	Form (Cash, Check, etc.)
Stow	0 1-1	144224	Check !
Full Name of Contributor			Registration Number, if PAC
Dramond Marcum			
Street Address	Employer Occupani	on/Labor Organization*	M 30 1 Amount 40 00
1379 Cordora Ave.		•	110 3017 40 00
'ily	Sua te	Zip Code	Form (Cash, Check, etc.)
Akon	O H	44320	check
Full Name of Contributor			Registration Number, if PAC
Brennan Manna & Dia	a-2-11/	•	registration (Tunion, II FAC
treet Address			34 N N N N N N N N N
25 E A 1 1 (1	Employer/Occupation	in Labor Organization*	M D N Amount 2000.33
75 E. Markel St.	P	7:- C-4:	11 10 10 11 17 1
ny	State	Zip Code	Form (Cash. Check. etc.)
Akron	0 11	44300	Check I was
		100	

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					
3465	00				

	- 1,5-1	 	 	
•		T		

Required for committees from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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(Bx4)}

Event Date _	10	30	جيا
Page	_		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

				- 00		
Name of Committee in Full Takkon Fam.ly festeure. Address 250 W. Market St. City Alkon To Whom Paid	e Comm	Hee				
To Whom Paid Akon Fam. In Pesteure.	^ {		M	30	۲ ۲	351.96
250 W. Market St.	Purpose TVV	draiser food				
City	State OH	draiser food Zip Code 44303	Check h	Number 05 l		
			M	D	Y	Amount
Address	Purpose	1				
City	State OH	Zip Code	Check N	Number		
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check N	lumber		
To Whom Paid		\	M	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check N	lumber	-	
To Whom Paid			М	D	Y	Amount
Address	Purpose				-	
City	OH	Zip Code	Chook N	lumber	\	- A.
To Whom Paid			М	D	W.	Amount
Address	Purpose		1		1	<u> </u>
City	State OH	Zip Code	Check N	lumber		
To Whom Paid	, -, ,		M	D	Y.	Amount
Address	Purpose				!	
City	State OH	Zip Code	Check N	umber		
Vi				-		

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

Page 10

Prescribed by Secretary of State 03/05

Name of Committee in Full		
Jason Adons for Jud		
Full Name of Contributor Jason Adems	Employer, Occupation, Labor Organization	Registration Number, if PAC
Street Address 1830 Staller Rd.	Description of Item or Service ACME - Stamps	M D Y Fair Market Value
City Ako Full Name of Contributor	State Zip Code C 14 UY313	Received at Fundraising Event?
Full Name of Contributor Taron Adams	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 1830 Stalw Rd	Description of Item or Service	M D Y Fair Market Value 245.80
City Aka N	ACME - Stamps State Zip Code 6 14 44313	Received at Fundraising Event?
Full Name of Contributor Jeson Adams	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 1930 Stable Rd.	Description of Item or Service	M D Y Fair Market Value
City Ata N	Staples - Photocopies Sigla Zip Code 0 11 44313	_
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 Akon	Suite Zip Code	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC
Street Address 1930 Stable Rd	Description of Item or Service	M D Y Fair Market Value
City	ACMG - Stemps	M D Y Fair Market Value 10 30 17 147.00 Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization	☐ YES ,☑ NO Registration Number, if PAC
Street Address	Description of Item or Service	M, D, Yj Fair Market Value
City 1930 Stall Rd	tace bool State Zip Code	Necesived at Fundraising Event?
Full Name of Contributor	D 1-1 UU313	☐ YES SKNO Registration Number, if PAC
Street Address 1830 Stabler Rd	Descripping of Item or Service	M D Y Fair Market Value
-1C	taceboole Sigle Zip Code	1 0 3 1 7 25.00 Received at Fundraising Event?
Full Name of Contributor	O H UU313 Employer, Occupation, Labor Organization*	□ yes 😢 no
Street Address		Registration Number, if PAC
· · · · · · · · · · · · · · · · · · ·	illermonon of learn or Conse	
City	Description of Item or Service State Zip-Code	M D Y Fair Market Value Received at Fundraising Event?

Page Total & 163

^{*} 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)]

31-	J-1
R.C.	3517.10

In-Kind Contributions Received

Page 1

Prescribed by Secretary of State 03/05

Name of Committee in Full Ta.500 Adams for Tude Omm. Hee Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC					
Jason Hodeny tor 102	re Committee	Decision No. 1			
Full Name of Contributor C1+12e15 for Jim Laria Street Address GOO Tamiama Tri. City	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
CITIZENS for Tim large	l l				
Street Address	Description of Item or Service	M D Y Fair Market Value			
(00 T	l '	102017 471.53			
COUU TAMIAME ITT	Printing expense	Received at Fundraising Event?			
City	0 11 1110 00				
Akrow.	Employer, Occupation, Labor Organization	O YES O NO			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
Full Name of Contributor Citizens for Jin Lara Street Address 600 Tamiami Trl. City	l l				
Street Address	Description of Item or Service	M D Y Fair Market Value			
In Tanan Tal	1 '	1110317 1650,00			
(500 Jamami 11).	Media Sur State Zip Code	Received at Fundraising Event?			
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14km		O YES ONO			
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			
\					
	State Zap Code	Received at Fundraising Event?			
City	Stalte Zap Code				
		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			
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	6.1. 17. 6.1	Received at Fundraising Event?			
City	Stal te Zip Code	Received at rundraising event?			
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Street Address	Description of Item or Service	M D Y Fair Market Value			
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	0.1.	Parairud of Eundrician Street?			
City	Stal te Zip Code	Received at Fundraising Event?			
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Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
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Chrysl Address	Description of Item or Service	M D Y Fair Market Value			
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Full Name of Contributor	Employer, Occupation, Labor Organization	Registration Number, if PAC			
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	Description of Item or Service	M D Y Fair Market Value			
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Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC			
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		M D Y Fair Markot Value			
Street Address	Description of Item or Service	M D Y Fair Market Value			
City	State Zip Code	Received at Fundraising Event?			
		OYES ON			
		10 103 A 14			

Page Total 2121-53

^{*} 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)]