



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> New Albany For Kids				
<b>Full Name of Contributor</b> Mark Wilson		<b>Employer, Occupation, Labor Organization*</b> consultant		<b>Registration Number, if PAC</b>
<b>Street Address</b> 3980 Farber Court		<b>Description of Item or Service</b> postage		<b>Date (MM/DD/YYYY)</b> 10/16/2017
<b>City</b> New Albany		<b>State</b> OH	<b>Zip Code</b> 43054	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b> Indigo & Co		<b>Employer, Occupation, Labor Organization*</b> printer		<b>Registration Number, if PAC</b>
<b>Street Address</b> 1035 W. Third Ave.		<b>Description of Item or Service</b> reprint of materials		<b>Date (MM/DD/YYYY)</b> 09/27/2017
<b>City</b> Columbus		<b>State</b> OH	<b>Zip Code</b> 43212	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b> OH	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b> OH	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b> OH	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Name of Contributor</b>		<b>Employer, Occupation, Labor Organization*</b>		<b>Registration Number, if PAC</b>
<b>Street Address</b>		<b>Description of Item or Service</b>		<b>Date (MM/DD/YYYY)</b>
<b>City</b>		<b>State</b> OH	<b>Zip Code</b>	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ \$596.63