

| | Page | |
|---|------|--|
| ı | | |

In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| | - | | | | = | |
|--------------------------------------|-----------------------------------|---|---|------------------------------|--------------------------------|--|
| | | | | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| Stephen M. Cicak | | | Retired | | | |
| Descrip | scription of Item or Service | | | Date (MM/DD/YYYY) | Fair Market Value | |
| Advertising | | | 09/30/2017 | 20.00 | | |
| Dity | | Zip Code | Received at Fundraisi | ng Event? | | |
| | ОН | 43068 | ☐ Yes | | | |
| | | Employer, Occupation | n, Labor Organization* | Registration Number, | f PAC | |
| | Retired | | | | | |
| Descrip | ption of Item or Service | | | Date (MM/DD/YYYY) | Fair Market Value | |
| Paper | er | | | 10/10/2017 | 16.66 | |
| | State | Zip Code | Received at Fundraisi | ng Event? | | |
| | ОН | 43068 | ☐ Yes | | | |
| | | Employer, Occupation | n, Labor Organization* | Registration Number, | f PAC | |
| Reynoldsburg Republican Club | | | | | | |
| Descrip | tion of Item or S | Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| Printin | ig and Posta | ge | | 10/05/2017 282.09 | | |
| | State | Zip Code Received at Fundraisi | | ing Event? | | |
| | ОН | 43068 | ☐ Yes | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* Regis | | Registration Number, if PAC | |
| Dogorio | wintion of Itam or Consider | | | D-1- (414/DD20200) 511-1-1-1 | | |
| Descript | iplion of item of Service | | | Date (MM/DD/YYYY) | Fair Market Value | |
| | State | Zip Code Received at Fundraising Event? | | | | |
| | ОН | | ☐ Yes ☐ No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| Street Address Description of Item o | | Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| City | | Zip Code | Zlp Code Received at Fundraising Event? | | | |
| | ОН | | ☐ Yes ☐ No | | | |
| | Descrip Printin Descrip Descrip | Advertising State OH Description of Item or S Paper State OH Description of Item or S Printing and Posta State OH Description of Item or S State OH | Description of Item or Service Advertising State | Retired | Description of Item or Service | |

| Page Total \$ | 318.75 | |
|---------------|--------|--|
| 45.4 | | |

^{*} 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)]