



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

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Full Name of Committee				1		
ABBU FOR	- 00	UR CI	HILDRE	=N		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC
ABBU Vai	le					
Street Address		on of Item or S			Date (MM/DD/YYYY)	Fair Market Value
COLUMBUS	0	PHIC	E Supp	ry	12/06/201	#128.29
City	5	State	Zip Code	Received at Fundrais	ng Event?	
COLVIMBUS		ОН	43214	☐ Yes    No		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC
Street Address	Description	on of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value
				,		
City		State	Zip Code	Received at Fundraisi	ng Event?	
	C	он		☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC
				-		
Street Address	Description	on of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value
City	<u> </u>	State	Zip Code	Received at Fundraisi	ng Event?	
on,		OH	p	Yes No		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	f PAC
Street Address	Descripti	ion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value
City	(	State	Zip Code	Received at Fundraisi	ng Event?	
	(	ОН		☐ Yes ☐ No		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Street Address	Descripti	ion of Item or S	ervice	<u> </u>	Date (MM/DD/YYYY)	Fair Market Value
City	1	State	Zip Code	Received at Fundraisi	ng Event?	
	},	ОН		☐ Yes ☐ No		
			l			

Page Total \$ #128.29
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<sup>\*</sup> 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)]