



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| Full Name of Committee | | | | | | | |
|---------------------------------------|------------------------|---------------|---|------------------------|-----------------------------|----------------------------|--|
| Cotner For Council | | | | | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| Citizens for Chris Long | | | | | | | |
| Street Address | Description of | f Item or S | ervice | | Date (MM/DD/YYYY) | Fair Market Value | |
| 1675 Haft Drive | literature and mailing | | | 09/14/2017 | 245.51 | | |
| City | State | | Zip Code Received at Fundraisi | | ng Event? | | |
| Reynoldsburg | | | 43068 | ☐ Yes ☒ No | | | |
| Full Name of Contributor | | | Employer, Occupatio | n, Labor Organization* | Registration Number, | egistration Number, if PAC | |
| Reynoldsburg Republican Club | | | | | | | |
| Street Address Description of Item or | | | ervice | | Date (MM/DD/YYYY) | Fair Market Value | |
| 1675 Haft Drive | | | | | 10/05/2017 | 282.10 | |
| City | State |) | Zip Code | Received at Fundraisi | ng Event? | | |
| Reynoldsburg | | | 43068 | ☐ Yes ⊠ No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | |
| | | | | | | | |
| Street Address | Description o | f Item or S | ervice | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | |
| City State | | | Zip Code | Received at Fundraisi | ing Event? | | |
| он | | | | Yes No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* Registration Number, if PAC | | if PAC | | |
| | | | | | | | |
| Street Address Description of Item or | | f Item or S | Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | |
| City | | 9 | Zip Code | Received at Fundraisi | ng Event? | | |
| | | | | ☐ Yes ☐ No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| | | | | | | | |
| Street Address Description of Item | | of Item or S | Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | |
| City State OH | | - | Zip Code | Received at Fundraisi | undraising Event? | | |
| | | | | ☐ Yes ☐ No | | | |
| | | | | <u> </u> | | | |

* 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)]

| 527.61 | |
|---------------|--|
| Page Total \$ | |