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In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee							
Citizens for Troper							
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Michael C. Troper							
Street Address Description		iption of Item or Service			Date (MM/DD/YYYY)	Fair Market Value	
85 Highland Ave.	food/sta	amps			10/10/2017	82.15	
City		State	Zip Code	Received at Fundraisi	ng Event?		
Worthington		OH	43085	☐ Yes 区 No			
Full Name of Contributor			Employer, Occupation	yer, Occupation, Labor Organization* Registration Number, if PAC			
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value	
City	[5	State	Zip Code	Received at Fundraisi	ng Event?		
		ОН		☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC				
Street Address	Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code	Received at Fundraisi	Fundraising Event?		
		ОН		☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	abor Organization* Registration Number, if PAC		
reet Address Description of Item or S		Service		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, Labor Organization*		Registration Number, if PAC		
Street Address Descripti		ion of Item or Service			Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code	Received at Fundraisi	ng Event?		
		OH		☐ Yes ☐ No			

Page Total \$	82.15

^{*} 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)]