



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Bucher for Worthington							
Full Name of Contributor			Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Peter Bucher							
Street Address	Description of Item of		r Service		Date (MM/DD/YYYY)		
7 E. Riverglen Dr.	Envelop	s and Pa	aper 9/17/19 18.02				
City	St	ate	Zip Code	Received at Fundrais	sing Event?	g Event?	
Worthington	orthington		43085	Yes No			
Full Name of Contributor			Employer, Occu	pation, Labor Organization	* Registration Number,	if PAC	
Bryan Humphreys							
Street Address Description of		n of Item o	or Service		Date (MM/DD/YYYY)	1	
5513 Homs Hill Rd. NE.	In-Kind	Contribu	butions Received at a Fund-Raising Ev 10/3/19 100.00			100.00	
City	S	tate	Zip Code	Received at Fundra	ising Event?		
Newark		ЭН	43055	Yes 👩 No			
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization* Registration Number, if PAC				
Street Address Description					- · · · · · · · · · · · · · · · · · · ·	F - 1- 04 1/01/10	
Street Address	Description	on of Item	or Service		Date (MM/DD/TTTT)	Fair Market Value	
Street Address	Description	on of Item (or Service		Date (MM/DD/TTTT)	Fair Market Value	
		on of Item o	Zip Code	Received at Fundra		Fair Market Value	
Street Address City				Received at Fundra) Fair Market Value	
City			Zip Code		ising Event?		
			Zip Code	Yes No	ising Event?		
City Full Name of Contributor	s	State	Zip Code Employer, Occ	Yes No	ising Event?	, if PAC	
City	s	State	Zip Code	Yes No	n* Registration Number	, if PAC	
City Full Name of Contributor Street Address	Description	State	Zip Code Employer, Occ	Yes No	n* Registration Number Date (MM/DD/YYYY	, if PAC	
City Full Name of Contributor	Description	State on of Item	Zip Code Employer, Occa or Service	Yes No No upation, Labor Organization	n* Registration Number Date (MM/DD/YYYY) aising Event?	, if PAC	
City Full Name of Contributor Street Address City	Description	State on of Item	Zip Code Employer, Occa or Service Zip Code	Pes No	n* Registration Number Date (MM/DD/YYYY) aising Event?	r, if PAC	
City Full Name of Contributor Street Address	Description	State on of Item	Zip Code Employer, Occa or Service Zip Code	Yes No	n* Registration Number Date (MM/DD/YYYY) aising Event?	r, if PAC	
City Full Name of Contributor Street Address City Full Name of Contributor	Description	on of Item	Zip Code Employer, Occi or Service Zip Code Employer, Occi	Pes No	n* Registration Number Date (MM/DD/YYYY) aising Event?	r, if PAC Tair Market Value r, if PAC	
City Full Name of Contributor Street Address City	Description	on of Item	Zip Code Employer, Occa or Service Zip Code	Pes No	n* Registration Number Date (MM/DD/YYYY aising Event? on* Registration Number	r, if PAC Tair Market Value r, if PAC	
City Full Name of Contributor Street Address City Full Name of Contributor	Description	on of Item	Zip Code Employer, Occi or Service Zip Code Employer, Occi	Pes No	Date (MM/DD/YYYY Date (MM/DD/YYYY) Date (MM/DD/YYYY)	r, if PAC Tair Market Value r, if PAC	

	118.02		
Page Total \$	110.02	 	_

^{*} 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)]