



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee							
Elect Jon Parker-Jones							
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Lyle Moog							
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value	
3786 Clay Bank Dr	Postage and Supplies				10/23/2019	\$121.45	
City		State	Zip Code	Received at Fundraisi	ising Event?		
Hilliard OH		43026	☐ Yes ☐ No	s □ No			
Full Name of Contributor			Employer, Occupation	ccupation, Labor Organization* Registration Number, if PAC			
Street Address Description of Item or S			ervice		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code Received at Fundraising Event?				
				☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC			if PAC	
Street Address	Description of Item or Service				Date (MM/DD/YYYY)	Fair Market Value	
City State		State	Zip Code	Received at Fundraisi	ing Event?		
				☐ Yes ☐ No			
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Street Address	Descripti	on of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value		
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				Yes No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC		
Street Address	Description of Item or				Date (MM/DD/YYYY)	Fair Market Value	
City State		State	Zip Code Received at Fundraising Event?				
				☐ Yes ☐ No			

İ	:	\$121.4	5		
Page	Total \$			 	

^{*} 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)]