



# In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> FRIENDS OF KIMBERLEY MASON					
Full Name of Contributor Yes We Can Columbus		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address 691 Frebis Ave.		Description of Item or Service Digital advertising		Date (MM/DD/YYYY) 10/18/2019	Fair Market Value \$15.00
City Columbus		State OH	Zip Code 43206	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor Kimberley Lloyd		Employer, Occupation, Labor Organization* CCMA		Registration Number, if PAC	
Street Address 1341 Ironwood Dr		Description of Item or Service Big Table Food Donation		Date (MM/DD/YYYY) 08/27/2019	Fair Market Value \$838.63
City Grove City		State OH	Zip Code 4312	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor KIMBERELY MASON		Employer, Occupation, Labor Organization* HONDROS COLLEGE		Registration Number, if PAC	
Street Address 2681 EDENCREEK LN		Description of Item or Service BIG TABLE FOOD DONATION		Date (MM/DD/YYYY) 08/27/2019	Fair Market Value 168.85
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address		Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* 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)]

Page Total \$ **\$1022.48**