



**In-Kind Contributions Received**

Form 31-J-1  
R.C. 3517.10

|  |  |  |                          |   |
|--|--|--|--------------------------|---|
| <b>Full Name of Committee</b><br>FRIENDS OF KATHLEEN REYES   |  |  |                          |   |
| <b>Full Name of Contributor</b><br>OAPSE / AFSCME  |  | <b>Employer, Occupation, Labor Organization*</b><br>LABOR ORG.             |                          | <b>Registration Number, if PAC</b><br>LA 1269 |
| <b>Street Address</b><br>6805 OAK CREEK DR   |  | <b>Description of Item or Service</b><br>KID CO CALLS (10/19/17 + 11/6/17) |                          | <b>Date (MM/DD/YYYY)</b><br>10/19/2017        |
| <b>City</b><br>COLUMBUS  |  | <b>State</b><br>OH   | <b>Zip Code</b><br>43229 | <b>Fair Market Value</b><br>400.00            |
| <b>Received at Fundraising Event?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |                          |   |
| <b>Full Name of Contributor</b>  |  | <b>Employer, Occupation, Labor Organization*</b>                           |                          | <b>Registration Number, if PAC</b>            |
| <b>Street Address</b>  |  | <b>Description of Item or Service</b>                                      |                          | <b>Date (MM/DD/YYYY)</b>                      |
| <b>City</b>  |  | <b>State</b>   | <b>Zip Code</b>          | <b>Fair Market Value</b>                      |
| <b>Received at Fundraising Event?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No            |  |  |                          |   |
| <b>Full Name of Contributor</b>  |  | <b>Employer, Occupation, Labor Organization*</b>                           |                          | <b>Registration Number, if PAC</b>            |
| <b>Street Address</b>  |  | <b>Description of Item or Service</b>                                      |                          | <b>Date (MM/DD/YYYY)</b>                      |
| <b>City</b>  |  | <b>State</b>   | <b>Zip Code</b>          | <b>Fair Market Value</b>                      |
| <b>Received at Fundraising Event?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No            |  |  |                          |   |
| <b>Full Name of Contributor</b>  |  | <b>Employer, Occupation, Labor Organization*</b>                           |                          | <b>Registration Number, if PAC</b>            |
| <b>Street Address</b>  |  | <b>Description of Item or Service</b>                                      |                          | <b>Date (MM/DD/YYYY)</b>                      |
| <b>City</b>  |  | <b>State</b>   | <b>Zip Code</b>          | <b>Fair Market Value</b>                      |
| <b>Received at Fundraising Event?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No            |  |  |                          |   |
| <b>Full Name of Contributor</b>  |  | <b>Employer, Occupation, Labor Organization*</b>                           |                          | <b>Registration Number, if PAC</b>            |
| <b>Street Address</b>  |  | <b>Description of Item or Service</b>                                      |                          | <b>Date (MM/DD/YYYY)</b>                      |
| <b>City</b>  |  | <b>State</b>   | <b>Zip Code</b>          | <b>Fair Market Value</b>                      |
| <b>Received at Fundraising Event?</b><br><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 \$ 1400.00