



In-Kind Contributions Received

Form 31-J-1 R C 3517 10

						R.C. 3517.10	
Full Name of Committee Carpenters Local	\ Ur	ion i	aco PCE				
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number if PAC		
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Street Address Descrip		tion of Item or Service		Date (MM/DD/YYYY)	Fair Market Value		
City		tate	Zip Code	Received at Fundraisi	ng Event?		
				☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Descriptio	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	s	tate	Zip Code	Received at Fundraisi	ng Event?		
				☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC	
Street Address	treet Address Description		on of Item or Service			Fair Market Value	
201							
City	S	tate	Zip Code	Received at Fundraisii	ng Event?		
				☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC		
Street Address	Descriptio	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	s	tate	Zip Code	Received at Fundraisi	ng Event?		
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Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Descriptio	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	s	tate	Zip Code	Received at Fundraisi	ng Event?		
				Yes No			

Page Total \$	0.00	

^{*} 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)]