



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| Full Name of Committee | | | | | | | |
|----------------------------|--------------------------------|-------------------------|---|---|-----------------------------|-------------------|--|
| Friends of Jennifer Adair | | | | | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| Jennifer Anne Adair | | | Candidate | | | | |
| Street Address | Description of Item or Service | | | | Date (MM/DD/YYYY) | Fair Market Value | |
| 1385 Norris Drive | Website Domain Purchase | | | 04/21/2019 | 24.85 | | |
| City | | State | Zip Code | Received at Fundraisii | ng Event? | | |
| Columbus | , | ОН | 43224 | ☐ Yes 🗵 No | | | |
| Full Name of Contributor | | | Employer, Occupatio | n, Labor Organization* | Registration Number, i | f PAC | |
| Jennifer Anne Adair | | | Candidate | | | : | |
| Street Address | Descripti | ion of Item or S | Service Date (MM/DD/YYYY) Fair Market Value | | | | |
| 1385 Norris Drive | Websit | e Premium | n Plan Purchase 04/22/2019 132.00 | | | 132.00 | |
| City | <u> </u> | State | Zip Code | Received at Fundraising | ng Event? | | |
| Columbus | | ОН | 43224 | ☐ Yes 🗶 No | | | |
| Full Name of Contributor | | | Employer, Occupation | oloyer, Occupation, Labor Organization* Registration Number, if PAC | | | |
| Jennifer Anne Adair | | | Candidate | | | | |
| Street Address | Description of Item or S | | Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| 1385 Norris Drive | Websit | e Secure/Pr | rivate Domain Re | gistration | tion 04/22/2019 9.90 | | |
| City | . : | State | Zip Code | Received at Fundraising | ng Event? | | |
| Columbus | | ОН | 43224 | ☐ Yes 🗷 No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| | | | | | | | |
| Street Address Description | | tion of Item or Service | | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | ! | |
| City | . : | State | Zip Code | Received at Fundraisii | ng Event? | | |
| | | | | ☐ Yes ☐ No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| | | | | | | | |
| Street Address Descrip | | tion of Item or Service | | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | |
| City | | State | Zip Code Received at Fundraising Ever | | ng Event? | | |
| | | | | Yes No | | | |
| | | - | <u> </u> | · | | | |

| | 166.75 | |
|---------------|--------|--|
| 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)]