



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| Full Name of Committee | γL | 1,07 | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------|-------------------------------------------|-------------------------------------|-------------------------------------|
| Full Name of Committee Authuran for Schools | | | | | |
| Full Name of Contributor Fin - Kind Contributions Received at Fund-Raising Event \$335 or less Street Address Description of Item or | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address | Description of Item or S | | Service | | Date (MM/DD/YYYY) Fair Market Value |
| | Mee | it + are | et Event June 13, 2019 | | 06/13/2019 204.25 |
| City | | State | Zip Code | Received at Fundraisi | ng Event? |
| | | | | Yes 🗌 No | i |
| Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | | |
| Kelley Femia | | | | | |
| Street Address Description of Item or S | | Service | | Date (MM/DD/YYYY) Fair Market Value | |
| Kelley Femia Street Address 346 Hampton Park City Weskylle | Ligo De sign Services | | | ies | 08/10/2019 \$405.00 |
| City | , | State | Zip Code | Received at Fundraisir | ng Event? |
| Weskrvile | | OH | 43081 | ☐ Yes 🙀 No | |
| Full Name of Contributor | | | Employer, Occupation | n, 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 Fundraisir | ng Event? |
| | | | | ☐ Yes ☐ No | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | |
| Street Address Description of Item or S | | | Service | | Date (MM/DD/YYYY) Fair Market Value |
| City | ; | State | Zip Code | Received at Fundraisir | ng Event? |
| | | | | ☐ Yes ☐ No | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC |
| Street Address Description of Item or S | | Service | | Date (MM/DD/YYYY) Fair Market Value | |
| City State | | State | Zip Code Received at Fundraising Event? | | ng Event? |
| | | | | ☐ Yes ☐ 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)]