



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

| Full Name of Committee                             | <del></del>                               |  |   |                             |                            |  |
|--|---|--|---|-----------------------------|----------------------------|--|
|  |   |  |   |                             |                            |  |
| Full Name of Contributor                           | Employer, Occupation, Labor Organization* |  | Registration Number, if PAC             |                             |                            |  |
| Whitney Smith                                      | $\land$                                   |  |   |                             |                            |  |
| Street Address                                     | Description of Item or                    | Service  |   | Date (MM/DD/YYYY)           | Fair Market Value          |  |
| Whitney Smith<br>Street Address<br>820 Bryden Road | Graphi                                    | c Desig  | <u>v</u> \                              |                             | \$250.00                   |  |
| City   | State                                     | Zip Code                                       | Received at Fundraisi                   | ng Event?                   |                            |  |
| COLOMOUS   | OH -                                      | 43205  | Yes Avo                                 |                             |                            |  |
| Full Name of Contributor                           |   | Employer, Occupation                           | on, Labor Organization*                 | Registration Number,        | if PAC                     |  |
| Street Address Description of Item or              |   | LService                                       |   | Date (MM/DD/YYYY)           | Fair Market Value          |  |
|  |   |  |   |                             |                            |  |
| City   | State                                     | tate Zip Code Received at Fundrais             |   | ing Event?                  |                            |  |
|  | ₹   |  | ☐ Yes ☐ 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                                       | Zip Code Received at Fundraising Event? |                             |                            |  |
|  |   |  | Yes No                                  |                             |                            |  |
| Full Name of Contributor                           |   | Employer, Occupation, Labor Organization* Regi |   | Registration Number,        | egistration Number, if PAC |  |
|  |   |  |   |                             |                            |  |
| Street Address Description of Item or S            |   | Service  |   | Date (MM/DD/YYYY)           | Fair Market Value          |  |
|  |   |  |   |                             |                            |  |
| City   | State                                     | Zip Code                                       | Received at Fundraising Event?          |                             |                            |  |
|  | _   |  | Yes 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?        |   |                             |                            |  |
|  |   |  | Yes No                                  |                             |                            |  |

| Page Total \$ 25 | 0.0 | 0 |
|------------------|-----|---|

<sup>\*</sup> 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)]