



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee								
Jill Amos For a	city	y Cou	unci (					
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Jill Amos								
Street Address Description of Item or S			Service		Date (MM/DD/YYYY) Fair Market Value			
59 N. Trine St Detition R			eceipt		8/3/17	45.00		
City		State	Zip Code	Received at Fundraisi	ng Event?			
Canal Winchester		OH OH	43110	☐ Yes 🕡 No				
			Employer, Occupation, Labor Organization* Registration Number, if PAC					
Jill Amos								
Street Address Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value			
59. N. Trine 5t	PC	irade	Registra	ition	8/17/17	175.00		
City		State	Zip Code	Received at Fundraisi	ng Event?			
Canal Winchester OH			43110	☐ Yes   ☑∕No				
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC					
Jill Amos								
Street Address Description of Item or S			Service		Date (MM/DD/YYYY) Fair Market Value			
59 N Trine St	_	T-Shir	<del>-+</del> S		8/29/17	194.80		
City		State	Zip Code	Received at Fundraisi	ng Event?			
59 N Trine St Canal Wuncheste	V	ОН	43110	☐ Yes 🗹 No				
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC					
JIII Amos								
Street Address Description of Item or			Service		Date (MM/DD/YYYY) Fair Market Value			
59 NTrine St.	l	yard	Signis	_	9/9/17	409.84		
City		State	Zip Code	Received at Fundraisi	ng Event?			
canal winchester		ОН	43110	☐ Yes 🔽 🕏 No				
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC			
JIII Amos								
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value		
59 N Trine St.	P		rds		9/13/17	220.79		
City		State	Zip Code	Received at Fundraisi	ng Event?			
canal winchest	er	ОН	43110	Yes V No				

Page Total \$	1046.49
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<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)]