

## In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Description of Ite	m or S	CLINION ervice Zip Code UZZH Employer, Occupa	Received at Fundra	Pate (MM/DD/YYYY)  9/24/19  ising Event?  Registration Number,	Fair Market Value
MAJL/NE State GH  Description of Ite	m or S	CLINION ervice Zip Code UZZH Employer, Occupa	Received at Fundra	Date (MM/DD/YYYY) 9/24/19 ising Event?	Fair Market Value
MAJL/NE State GH  Description of Ite	<b>-</b>	Zip Code  432.74 Employer, Occupa	Received at Fundra	9/24/19 ising Event?	262.97
MAJL/NE State GH  Description of Ite	<b>-</b>	Zip Code 432.74 Employer, Occupa	☐ Yes     No	9/24/19 ising Event?	262.97
State  GH  Description of Ite	<u>-</u>	432.24 Employer, Occupa	☐ Yes     No	ising Event?	
Description of Ite		432.24 Employer, Occupa	☐ Yes     No		If PAC
Description of Ite		Employer, Occupa	ļ — <b>`</b>	n* Registration Number,	if PAC
Description of Ite	em or S		tion, Labor Organizatio	n* Registration Number.	IIFAC
1 _	em or S				
1 _	em or S				
1 _		Service		Date (MM/DD/YYYY)	Fair Market Value
	PERS L MALLING LAGGELS				62.31
	441	Zip Code	Received at Fundra	aising Event?	
1	[J	. 1	1		
UN		7522	1	on* Registration Number	r, if PAC
			TONNSHA	Date (MM/DD/YYYY	/\ Fair Market Value
Description of I	tem or	Service			
SIGN	5				2/2 20
State		Zip Code	1		
OH		43224			
		Employer, Occup	oation, Labor Organizat	ion* Registration Number	er, if PAC
	ltom o		TUNITALIA	Date (MM/DD/YYY	Y) Fair Market Valu
ł					693.33
MAIL	1WP		Poceived at Fund	draising Event?	
State	. г	1 1			
O					per, if PAC
		Employer, Occu	ipation, Labor Organiza	Ition Registration Hami	,
		CLIMIC	IN TOWNSHIP		YY) Fair Market Va
Description o	f Item			Date (MM/DD/YY)	
1					191.73
State		Zip Code			
KH	. 1	1 42774	☐ Yes	No -	
	SIGN. State CH  Description of  MALL  State CH  State  State  State  State  State  State	Description of Item or SIGNS State CH Description of Item or MAILING State CH Description of Item or MAILING	Description of Item or Service  SIGNS  State CLINTON  Zip Code H3ZZ4  Employer, Occup  CLINTON  Description of Item or Service  MAILING  State G1 Zip Code  LINTON  Description of Item or Service  MAILING  State G1 Zip Code  H3ZZH  Employer, Occup  CLINTO  Description of Item or Service	Description of Item or Service    State	Employer, Occupation, Labor Organization*    Description of Item or Service   Date (MM/DD/YYYY 9-28-19)

<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)]