



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> STEW FLAHERTY FOR BLENDON TRUSTEE				
Full Name of Contributor STEWART FLAHERTY		Employer, Occupation, Labor Organization* FLAHERTYCOLVIN		Registration Number, if PAC
Street Address 4433 SMOTHERS ROAD		Description of Item or Service FLIERS PRODUCTION AND MAILING		Date (MM/DD/YYYY) Fair Market Value 10/23/2715 2715
City WESTERVILLE	State OH	Zip Code 43081	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor STEWART FLAHERTY		Employer, Occupation, Labor Organization* FLAHERTYCOLVIN		Registration Number, if PAC
Street Address 4433 SMOTHERS ROAD		Description of Item or Service FLIERS PRODUCTION AND MAILING		Date (MM/DD/YYYY) Fair Market Value 10/27/2017 2715
City WESTERVILLE	State OH	Zip Code 43081	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor STEWART FLAHERTY		Employer, Occupation, Labor Organization* FLAHERTYCOLVIN		Registration Number, if PAC
Street Address 4433 SMOTHERS ROAD		Description of Item or Service DOOR HANGERS		Date (MM/DD/YYYY) Fair Market Value 10/27/2017 360
City WESTERVILLE	State OH	Zip Code 43081	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ 5790.00