IN KINDS

FIRST NAME	MIDDLE NAM	LAST NAME	SUFFIX	CONTRI	PAC F	ADDRESS	CITY	STATE	ZIP	EMPLO	FORM OI	DATE OF CO	AMOUNT	OTHER INCO	EVENT DATE	INKIND DESC	RECEIVED A	NAME OF CR	AMOUNT OF	ITEM NUMBE	SCHEDULE C
Carl		Aveni				4091 Glenmor	Columbus	OH	43214			10/12/2018	100			Advertising				31J1	