



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Citicens for Term & Full Name of Contributor N/A		Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item	or Service	Service		Fair Market Value	
y State		Zip Code	Received at Fundraisi	ing Event?		
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address Description of Item		or Service	or Service		Date (MM/DD/YYYY) Fair Market Value	
State		Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization* Registration Number, if PAC		if PAC	
Street Address	Description of Item	r Service		Date (MM/DD/YYYY)	Fair Market Value	
ity State		Zip Code	Received at Fundraisi	ing Event?		
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item	n or Service	Service Date (MM/DD/YYYY) Fa		Fair Market Value	
ity State		Zip Code	Received at Fundrais	ing Event?		
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Iten	n or Service	or Service		Fair Market Value	
City	State	Zip Code	Received at Fundrais			
* Required for contributions from individua of the individual's business, if any, rather th \$100, the labor organization of which the e	an employer should be list	ed. If two or more em	ployees contribute via payro	self-employed, the occ oll deduction and excee	upation and name d the aggregate of	