



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| Full Name of Committee | | | | | | | | |
|---|------------------------------------|-----------------------------------|---|--|---------------------------------|-------------------|--|--|
| People for Powers | | | | | | | | |
| | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | | |
| Victoria Powers | | | | | | | | |
| Street Address Description of Item or S | | | | | Date (MM/DD/YYYY) | Fair Market Value | | |
| 291 S. Cassingham Rd | 191 S. Cassingham Rd Website cost- | | | | 1- Squarespace 10/30/2019 17-20 | | | |
| City | | ate | Zip Code | Received at Fundraising | ng Event? | 70 | | |
| Besley | |)H | 43209 | Received at Fundraisin | | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | | |
| Street Address Description of Item o | | | Service | | Date (MM/DD/YYYY) | Fair Market Value | | |
| City | l Ist | ate | Zip Code | Received at Fundraisi | no Event? | | | |
| | | | | Yes No | ng Evont: | | | |
| | | | | | | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | | |
| Street Address Description of Item or S | | | Date (MM/DD/YYYY) Fair Market | | Fair Market Value | | | |
| City | | ate Zip Code Received at Fundrais | | | ing Event? | | | |
| | | | ☐ Yes ☐ No | | | | | |
| Full Name of Contributor | | | Employer, Occupatio | n, Labor Organization* Registration Number, if PAC | | | | |
| | | | | | | | | |
| Street Address Description of | | n of Item or Service | | | Date (MM/DD/YYYY) | Fair Market Value | | |
| City State | | tate | Zip Code Received at Fundrais | | ng Event? | | | |
| | | | | ☐ Yes ☐ No | - | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | | |
| | | | | | | | | |
| Street Address Description of Item or | | n of Item or S | Service | | Date (MM/DD/YYYY) | Fair Market Value | | |
| City | St | tate | Zip Code | Received at Fundraisi | na Event? | | | |
| · | | - · - | | Yes No | • | | | |
| | | | | | | | | |

| Page Total \$_ | 17.20 | |
|----------------|-------|--|

^{*} 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)]