



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| Full Name of Committee | | | | | | |
|-------------------------------|--------------------|---|-------------------------------|--------------------------------|-------------------|--|
| Committee to Elect Nadia Long | | | | | | |
| Full Name of Contributor | Employer, Occupa | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| Mel Sims | | | | | | |
| Street Address | em or Service | Service | | Fair Market Value | | |
| 4354 Heather Ridge Drive | Pole, banner | ole, banner, rope, tape, zip ties, wire | | | \$20.00 | |
| City State | | Zip Code | Zip Code Received at Fundrais | | ing Event? | |
| Hilliard OH | | 43026 | ☐ Yes 🕱 No | | | |
| Full Name of Contributor | Employer, Occupa | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | |
| Street Address | ern or Service | | Date (MM/DD/YYYY) | Fair Market Value | | |
| City | State | Zip Code | Received at Fundraisin | sing Event? | | |
| | ļ |]. | ☐ Yes ☐ No | | | |
| Full Name of Contributor | Employer, Occupa | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | |
| Street Address | Description of Ite | em or Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| City State | | Zip Code | Zip Code Received at Fundrais | | ng Event? | |
| | | | ☐ Yes ☐ No | | | |
| Full Name of Contributor | Employer, Occupa | ccupation, Labor Organization* Registration Number, if PAC | | | | |
| Street Address | Description of Ite | em or Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| City | State | Zip Code | Received at Fundraisin | Received at Fundraising Event? | | |
| | | | ☐ Yes ☐ No | | i | |
| Full Name of Contributor | Employer, Occupat | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| Street Address | Description of Ite | em or Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| City State | | Zip Code | Zip Code Received at Fundrais | | ing Event? | |
| · | | ☐ Yes ☐ 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)]

| ^o age | Total | \$ <u></u> | 00 | | |
|------------------|-------|------------|----|------|--|