



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

[5 1 1 1 1 1 1 1							
Full Name of Committee							
Teater for Hilliard							
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Less Carrier							
						······································	
Street Address	Descrip	tion of Item or S	Service		Date (MM/DD/YYYY) Fair Market Value		
4394 Shire Creek Court	Cand	y for Hilliard	Halloween Haunt	į	10/21/2017	\$64.39	
City	L	State	Zip Code	Received at Fundraising	ng Event?		
Hilliard		ОН	43026				
Full Name of Contributor			Employer, Occupatio	n, Labor Organization*	Registration Number,	f PAC	
Street Address Descrip		tion of Item or Service			Date (MM/DD/YYYY)	Fair Market Value	
City	<u>l</u>	State	Tin Codo	5			
City			Zip Code	Received at Fundraisi	ng Event?		
	1	ОН		Yes No			
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Descrip	tion of Itam or 9	Senice		Data (MM/DD/WWW)	Fair Market Value	
olieet Addiess	Descrip	Description of Item or Service			Date (MM/DD/YYYY)	rait Market Value	
City State OH Full Name of Contributor		State	Zip Code	Received at Fundraisi	Fundraising Event?		
		OH		Yes No	· ·		
			Employer, Occupation, Labor Organization* Registration Number, if PAC			f PAC	
			Employer, Occupation, Labor Organization		Registration Number, in FAC		
Street Address	Street Address Descript		otion of Item or Service			Fair Market Value	
City		State	Zip Code	Received at Fundraising	ng Event?		
,		OH		Yes No	ng Event.		
		O11	<u></u>				
Full Name of Contributor			Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC		
Street Address Descri		ption of Item or Service			Date (MM/DD/YYYY)	Fair Market Value	
Out.			1				
Dity		State	Zip Code	Received at Fundraisis	ig Event?		
		ОН		Yes No			
······································							

	64.39	
Page Total \$		
		-

^{*} 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)]