



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee								
New Albany for Kids								
Full Name of Contributor			Employer, Occupation, Labor Organization*		on* Registration Number,	Registration Number, if PAC		
King Strategic Communications								
Street Address	Description	of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value		
750 Cross Pointe Blvd Suite N print/mail		il			01/10/18	2115.62		
City State		ate	Zip Code	Received at Funde	d at Fundraising Event?			
Gahanna OH		н	43230	☐ Yes 区 No	•			
Full Name of Contributor			Employer, Occupatio	n, Labor Organization* Registration Number, if PAC				
Mark Wilson		}						
Street Address Description of Item of		of Item or S	r Service		Date (MM/DD/YYYY)	Fair Market Value		
3980 Farber Court	go dadd	y domain i	renewal		06/17/18	34.98		
City	Sta	ate	Zip Code	Received at Fundi	aising Event?			
New Albany	O	н	43054	☐ Yes 🗵 No)			
Full Name of Contributor			Employer, Occupatio	on, Labor Organization* Registration Number, if PAC				
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Street Address Description o		of Item or Service			Date (MM/DD/YYYY)	Fair Market Value		
	1							
City State		ate	Zip Code Received at Fundraisi		aising Event?	1		
			ļ	☐ Yes ☐ No)			
Full Name of Contributor			Employer, Occupation, Labor Organization*		on* Registration Number,	Registration Number, if PAC		
Street Address	Description	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value		
City	Sta	ate	Zip Code Received at Fundraising Event?					
				☐ Yes ☐ No				
Full Name of Contributor			Employer, Occupatio	pation, Labor Organization* Registration Number, if PAC				
		ł						
Street Address Description of Item		of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value		
					(
City	Sta	ate	Zip Code	Received at Funda	aising Event?	L		
		☐ Yes ☐ No			_			
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* Required for contributions from individuals ov	er \$100 to state	ewide and ge	eneral assembly cand	idates, If contributo	r is self-employed, the occ	upation and name		
of the individual's business, if any, rather than e \$100, the labor organization of which the emplo	employer should	d be listed. If	two or more employe	es contribute via pa	iyroll deduction and exceed	d the aggregate of		
\$100, the labor organization of which the empto	yocs are mem	ທອາວ, II diliy, ໂ	пыэк аюс аррсак. (К.)	o. oo i r. i ((p)(*i)]				
				Γ	0450.00			
				F	2150.60 Page Total \$			