



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> CATHY SCHMELZER FOR PRAIRIE TOWNSHIP TRUSTEE				
<b>Full Name of Contributor</b> CATHY SCHMELZER		<b>Employer, Occupation, Labor Organization*</b> _____		<b>Registration Number, if PAC</b> _____
<b>Street Address</b> 930 MURNAN	<b>Description of Item or Service</b> FLYERS, BANNERS PRINTING AND POSTAGE		<b>Date (MM/DD/YYYY)</b> 11/1/2017	<b>Fair Market Value</b> \$2636.46
<b>City</b> GALLOWAY	<b>State</b> OH	<b>Zip Code</b> 43119	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b> CATHY SCHMELZER		<b>Employer, Occupation, Labor Organization*</b> _____		<b>Registration Number, if PAC</b> _____
<b>Street Address</b> 930 MURNAN	<b>Description of Item or Service</b> NOTEPADS, YARD SIGNS, MAGNETS, CUPS DESIGN WORK, HANDOUTS		<b>Date (MM/DD/YYYY)</b> 8/31/2017	<b>Fair Market Value</b> \$1,882.00
<b>City</b> GALLOWAY	<b>State</b> OH	<b>Zip Code</b> 43119	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b> CATHY SCHMELZER		<b>Employer, Occupation, Labor Organization*</b> _____		<b>Registration Number, if PAC</b> _____
<b>Street Address</b> 930 MURNAN	<b>Description of Item or Service</b> LIABILITY INSURANCE ON RENTAL		<b>Date (MM/DD/YYYY)</b> 10/26/2017	<b>Fair Market Value</b> 319.00
<b>City</b> GALLOWAY	<b>State</b> OH	<b>Zip Code</b> 43119	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Full Name of Contributor</b> 		<b>Employer, Occupation, Labor Organization*</b> 		<b>Registration Number, if PAC</b> 
<b>Street Address</b> 	<b>Description of Item or Service</b> 		<b>Date (MM/DD/YYYY)</b> 	<b>Fair Market Value</b> 
<b>City</b> 	<b>State</b> OH	<b>Zip Code</b> 	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Full Name of Contributor</b> 		<b>Employer, Occupation, Labor Organization*</b> 		<b>Registration Number, if PAC</b> 
<b>Street Address</b> 	<b>Description of Item or Service</b> 		<b>Date (MM/DD/YYYY)</b> 	<b>Fair Market Value</b> 
<b>City</b> 	<b>State</b> OH	<b>Zip Code</b> 	<b>Received at Fundraising Event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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)]

Page Total \$ 4837.46