



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee FLEMING FOR GROVE CITY				
Full Name of Contributor EDWARD A FLEMING		Employer, Occupation, Labor Organization*		Registration Number, if PAC NA
Street Address 3190 GUFFY DR		Description of Item or Service FACEBOOK ADVERTISING		Date (MM/DD/YYYY) 10/02/2017
City GROVE CITY		State OH	Zip Code 43123	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor EDWARD A FLEMING		Employer, Occupation, Labor Organization*		Registration Number, if PAC NA
Street Address 3190 GUFFY DR		Description of Item or Service SPONSORSHIP FOR ELI EVENT		Date (MM/DD/YYYY) 09/25/2017
City GROVE CITY		State OH	Zip Code 43123	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor EDWARD A FLEMING		Employer, Occupation, Labor Organization*		Registration Number, if PAC NA
Street Address 3190 GUFFY DR		Description of Item or Service REFRESHMENTS FOR FUNRAISER		Date (MM/DD/YYYY) 09/14/2017
City GROVE CITY		State OH	Zip Code 43123	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor EDWARD A FLEMING		Employer, Occupation, Labor Organization*		Registration Number, if PAC NA
Street Address 3190 GUFFY DR		Description of Item or Service CANDY FOR PARADE		Date (MM/DD/YYYY) 09/14/2017
City GROVE CITY		State OH	Zip Code 43123	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor EDWARD A FLEMING		Employer, Occupation, Labor Organization*		Registration Number, if PAC NA
Street Address 3190 GUFFY DR		Description of Item or Service PARADE REFRESHMENTS		Date (MM/DD/YYYY) 09/14/2017
City GROVE CITY		State OH	Zip Code 43123	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" 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)]