



In-Kind Contributions Received

Form 31-J-1

R.C. 3517.10

Full Name of Committee PETER MARSH FOR CITY COUNCIL				
Full Name of Contributor PETER MARSH		Employer, Occupation, Labor Organization* BLUE OAK PATIO & LANDSCAPE		Registration Number, if PAC
Street Address 3563 GOLDENROD ST.		Description of Item or Service FACEBOOK PAGE, ADVERTISEMENTS		Date (MM/DD/YYYY) 12/30/2019
City HILLIARD		State OH	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <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 \$ \$356.17