31-J-1 R.C. 3517.10

In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

N. 60 % 1 E.H							
Name of Committee in Full (if Tens for Brian Larick Full Name of Contributor Bright Larick Street Address 774 Hunters alen Dr. Description of Item or Service Name of Contributor City Cenhance OH T3130 VES PNO							
Full Name of Contributor	Employer, Occupati	ion, Labor Organization*	Registration Number, if PAC				
Brian Larick	Chase Description of hem						
774 Hunters Wen Dr.	Description of Hem	or Service	ปั๊ว	1 4	Fair Market Value		
Ciny Cenhanne	Sta te	Received at Fundraising Event?					
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y Fair Market Value		
City	Sta te	Zip Code	Received		raising Event?		
Full Name of Contributor	Employer Occupat	ion, Labor Organization*	Registration Number, if PAC				
Tan Name of Cold leady	2mproyer, Octobral						
Street Address	Description of Item	or Service	M D Y Fair Market Value				
City	Sta te	Zip Code	Received	l at Fund	raising Event?		
			☐ YES		□ NO		
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y Fair Market Value		
City	Sta te	Zip Code	Received		raising Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y Fair Market Value		
City	Sta te	Zip Code	Received	at Fund	raising Event?		
			☐ YES	,	□ NO		
Full Name of Contributor	Employer, Occupat	nployer, Occupation, Labor Organization* Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y Fair Market Value		
City	Sta te	Zip Code	Received	at Fund	traising Event?		
			☐ YES	3	□ NO		
Full Name of Contributor	Employer, Occupat	ion, Labor Organization*	Registrat	tion Nun	iber, if PAC		
Street Address	Description of Item or Service		М	D	Y Fair Market Value		
City	Sta te	Zip Code	Received at Fundraising Event?				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y Fair Market Value		
City	Sta te	Zip Code	Received		fraising Event?		
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* 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 \$