



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee							
Hoyle for UA City Council							
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Please see attached spreadsheet							
treet Address Description of Item or		tion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code Received at Fundraising Event?				
		ОН		Yes No			
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC				
Street Address Description		ion of Item or Service			Date (MM/DD/YYYY)	Fair Market Value	
City	<u> </u>	State	Zip Code	Danis at Fradesis	510		
City	į	OH	Zip Code	Received at Fundraisi	ng Event?		
				Yes No			
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number,	f PAC	
Street Address Description of Item or		tion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
				_			
City State OH		State	Zip Code	Received at Fundraisi	ing Event?		
		ОН		☐ Yes ☐ No			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address Description of Iter		tion of Item or S	r Service		Date (MM/DD/YYYY)	Fair Market Value	
City		State	Zip Code	Received at Fundraisi	ng Event?		
		ОН		☐ Yes ☐ No			
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address Description		tion of Item or S	Service	Date (MM/DD/YYYY)	Fair Market Value		
City		State Zip Code Received at Fundraisin		ng Event?	<u></u>		
		он		☐ Yes ☐ No			
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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)]