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In-Kind Contributions Received

Form 31-J-1 R C 3517 10

						R.C. 3517.10	
Full Name of Committee							
Walsh For Bexley							
Full Name of Contributor			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Elizabeth Simcox							
Street Address	Description	on of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
4455 Iris Ct	Buttons			10/23/2017	\$20		
City	State		Zip Code Received at Fundraisi		ng Event?		
Lewis Center OH		ЭН	43035	☐ Yes 🗵 No			
Full Name of Contributor			Employer, Occupation, Labor Organization* Registration Number, if PAC			f PAC	
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value	
City	S	State	Zip Code	Received at Fundraisin	ng Event?		
	c	ЭН		☐ Yes ☐ No			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value	
City Sta		itate	Zip Code	Received at Fundraising	ceived at Fundraising Event?		
ОН		ЭH		☐ Yes ☐ No			
Full Name of Contributor		Employer, Occupation, Labor Organization* Registration Number, if PAC		f PAC			
Street Address	Description of Item or			Service		Fair Market Value	
City	s	tate	Zip Code	Received at Fundraising	ng Event?		
ОН		Н		☐ Yes ☐ No		•	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
et Address Description of Item or			Service		Date (MM/DD/YYYY)	Fair Market Value	
City	s	itate	Zip Code Received at Fundraising		ng Event?		
	c	Н		☐ 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)]

Page Total \$	20.00	