



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee			······································			
Will Petrik for Columbus						
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC
Yes We Can Columbus						
Street Address	Descript	ion of Item or Se	ervice		Date (MM/DD/YYYY)	Fair Market Value
691Frebis Ave	Literati	ure			10/31/2017	302.19
City		State	Zip Code	Received at Fundraisi	ng Event?	
Columbus		он	43206	Yes X No		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC
Street Address	Descript	ion of Item or So	ervice		Date (MM/DD/YYYY)	Fair Market Value
City	į	State	Zip Code	Received at Fundraisi	ng Event?	
		OH		Yes No		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Street Address	Descript	ion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code	Received at Fundraisi	ng Event?	
		ОН		Yes No		
Full Name of Contributor	<u> </u>		Employer, Occupation	n, Labor Organization*	Registration Number,	if PAC
Street Address	Descript	tion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code	Received at Fundraisi	ng Event?	L
		ОН		Yes No		
Full Name of Contributor			Employer, Occupatio	n, Labor Organization*	Registration Number,	if PAC
Street Address	Descrip	tion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value
City		State	Zip Code	Received at Fundrais	ing Event?	
		ОН		☐ Yes ☐ No		

Page Total \$ 302.19
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<sup>\*</sup> 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)]