31-	J-1	
R.C.	3517.1	0

## **In-Kind Contributions Received**

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full				
FIZIENICISA MCGIRADY				
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Number, if PAC	
Connalius MCC. 2404	Registration Transcet, in the			
Street Address	Description of Item or Service		M D Y Fair Market Value	
8675 K:468/T. 1.	-			,,
City City	State	ZB Code	Received at Fundraising Event?	2
Full Name of Contributor  Lornalius McCarraby  Street Address  6675 Kingsty Da  City  Reynoldsburg  Entline of Contributor	OH.	43068  tion, Labor Organization*	YES NO	
Full Name of Contributor	Employer, Occupa	ition, Labor Organization*	Registration Number, if PAC	_
			}	
Street Address	Description of Item	n or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occupa	ition, Labor Organization*	Registration Number, if PAC	
	}			
Street Address	Description of Item	or Service	M D Y Fair Market Value	
Silver Address	Description of item	TO SELVICE	Tan Market Value	
	-	7. 0.1		
City	Sta te	Zip Code	Received at Fundraising Event?	
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occupa	ntion, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item	ı or Service	M D Y Fair Market Value	_
			3000	
City	Sta te	Zip Code	Received at Fundraising Event?	
C IIV			☐ YES ☐ NO	
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 Fundraising Event?	
			□ YES □ NO	
Full Name of Contributor	Employer, Occupa	ation, Labor Organization*	Registration Number, if PAC	
		_		
Street Address	Description of Item or Service		M D Y Fair Market Value	-
Succe Addices	Description of item	. 6. 56. 1.60		
	0	T7: C-1	Desired at Fundament Fundament	
City	Sta te	Zip Code	Received at Fundraising Event?	i
			☐ YES ☐ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Iten	n or Service	M D Y Fair Market Value	
	Ì			
City	Sta te	Zip Code	Received at Fundraising Event?	
C.19				
E. II Name of Contributes	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Full Name of Contributor	Employer, Occupa	anon, Labor Organization	regionation realitors in tree	
			l d la	
Street Address	Description of Item	n or Service	M D Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event?	
			II YESI NO	

1,401.23

Page Total \$ \_

<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)]