31-J-1 R.C. 3517.10

## FOR PAPER FILING ONLY In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full     |   | (1                         |   |                           |  |
|-------------------------------|---|----------------------------|---|---------------------------|--|
| Franklin County Lib           | estusion                                  | · Pasty of                 | Qr'                                       | 10                        |  |
| Full Name of Contributor  G.1 | Employer, Occupa                          | ation, Labor Organization* | Registration                              | on Number, if PAC         |  |
| 3200 Rochfort Bridge Dr E     | Balloons + Helium                         |                            | 06  | Fair Market Value 59.11   |  |
| Columbus, Res                 | OH Zip Code V3221                         |                            | Received at Fundraising Event?  O 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 a                                | at Fundraising Event?     |  |
|                               | OH  |                            | OYES ONO                                  |                           |  |
| Full Name of Contributor      | Employer, Occupation, Labor Organization* |                            | Registration Number, if PAC               |                           |  |
|                               |   |                            |   |                           |  |
| Street Address                | Description of Item or Service            |                            | М   | D Y Fair Market Value     |  |
| City                          | Sta te                                    | Zip Code                   | Received a                                | at Fundraising Event?     |  |
|                               | OH  |                            | () YES                                    | O NO                      |  |
| Full Name of Contributor      | Employer, Occupa                          | ation, Labor Organization* |   | on Number, if PAC         |  |
|                               |   |                            |   |                           |  |
| Street Address                | Description of Item or Service            |                            | M   | D Y Fair Market Value     |  |
| City                          | Sta te                                    | Zip Code                   | Received a                                | at Fundraising Event?     |  |
|                               | OH  |                            | OYES O NO                                 |                           |  |
| Full Name of Contributor      | Employer, Occupation, Labor Organization* |                            | Registration Number, if PAC               |                           |  |
| Street Address                | Description of Item or Service            |                            | М   | D Y Fair Market Value     |  |
| City                          | Stal te                                   | Zip Code                   | Received a                                | at Fundraising Event?     |  |
|                               | OH  |                            | <b>O</b> YES                              | O 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<br>OH                              | Zip Code                   | Received :                                | at Fundraising Event?  NO |  |
| Full Name of Contributor      | Employer, Occupa                          | ation, Labor Organization* |   | on Number, if PAC         |  |
|                               |   |                            | <u> </u>                                  | B V Fix V                 |  |
| Street Address                | Description of Iten                       | n or Service               | M   | D Y Fair Market Value     |  |
| City                          | Stal te Zip Code                          |                            | Received at Fundraising Event?  O 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?     |  |
|                               | OH  |                            | <b>O</b> YES                              | O NO                      |  |

<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)]