



## In-Kind Contributions Received

Form 31-J-1  
R.C. 3517.10

<b>Full Name of Committee</b> Bokros for Westerville				
Full Name of Contributor John M. Bokros		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 642 Berkeley Place N.	Description of Item or Service Postage Stamps		Date (MM/DD/YYYY) 10/10/2017	Fair Market Value \$ 196.00
City Westerville	State OH	Zip Code 43081	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor John M. Bokros		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 542 Berkeley Place N.	Description of Item or Service One-half food/supplies for joint fund raiser		Date (MM/DD/YYYY) 09/23/2017	Fair Market Value \$ 102.04
City Westerville	State OH	Zip Code 43081	Received at Fundraising Event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* 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 \$ 298.04