



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

| Full Name of Committee             |                                  |                         |   | <del></del>                               |                                     | <del></del>                 |                   |  |
|------------------------------------|----------------------------------|-------------------------|---|---|-------------------------------------|-----------------------------|-------------------|--|
| Friends for Michael Farley Comm    | nittee                           |                         |   |   |                                     |                             |                   |  |
| Full Name of Contributor           |                                  |                         | Employer, Occupation, Labor Organization* |   | Registration Number, if PAC         |                             |                   |  |
| Ohio Republican Party              |                                  |                         |   |   |                                     |                             | ı                 |  |
| Street Address Description of Ite. |                                  |                         | tion of Item or S                         | ervice                                    | <del></del>                         | Date (MM/DD/YYYY)           | Fair Market Value |  |
| 211 South 5th Street               | V                                | ∕lail, p                | rinting, & po                             | ostage                                    |                                     | 10/18/2019                  | 549.25            |  |
| ty                                 |                                  |                         | State Zip Code Received at Fundraisi      |   |                                     | ng Event?                   |                   |  |
| Columbus                           |                                  |                         | ОН  | 43215                                     | 215 ☐ Yes ☒ No                      |                             |                   |  |
| Full Name of Contributor           |                                  |                         |   | Employer, Occupatio                       | n, Labor Organization*              | Registration Number,        | f PAC             |  |
| Street Address Descript            |                                  | ion of Item or Service  |   |   | Date (MM/DD/YYYY)                   | Fair Market Value           |                   |  |
| City                               |                                  |                         | State                                     | Zip Code                                  | Received at Fundraising Event?      |                             |                   |  |
|                                    |                                  |                         | ОН  | ,   | X Yes □ No                          |                             |                   |  |
| Full Name of Contributor           |                                  |                         |   | Employer, Occupatio                       | n, Labor Organization*              | Registration Number, if PAC |                   |  |
| Street Address                     | Description of Item or           |                         | tion of Item or S                         | I<br>Service                              |                                     | Date (MM/DD/YYYY)           | Fair Market Value |  |
| City                               |                                  |                         | State                                     | Zip Code                                  | Received at Fundraisi               | Ing Event?                  |                   |  |
|                                    |                                  |                         | ОН  |   | X Yes ☐ No                          |                             |                   |  |
| Full Name of Contributor           |                                  |                         |   | Employer, Occupatio                       | Registration Number,                | if PAC                      |                   |  |
| Street Address                     | t Address Description of Item or |                         |   | Service                                   |                                     | Date (MM/DD/YYYY)           | Fair Market Value |  |
| City                               |                                  |                         | State                                     | Zip Code                                  | Code Received at Fundraising Event? |                             | <del></del> -     |  |
|                                    |                                  |                         | ОН  |   | ☐ Yes 🕱 No                          |                             |                   |  |
| Full Name of Contributor           |                                  |                         |   | Employer, Occupation, Labor Organization* |                                     | Registration Number, if PAC |                   |  |
| reet Address Descript              |                                  | tion of Item or Service |   |   | Date (MM/DD/YYYY)                   | Fair Market Value           |                   |  |
| City                               |                                  | State<br>OH             | Zip Code                                  | Received at Fundraisi                     | ng Event?                           |                             |                   |  |
|                                    |                                  |                         |   |   |                                     |                             |                   |  |

| 549.25        |  |
|---------------|--|
| 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)]