



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee KIRK FOR COUNCIL				
Full Name of Contributor ANGELA KIRK		Employer, Occupation, Labor Organization* CANDIDATE		Registration Number, if PAC
Street Address 4023 GRAVES DR		Description of Item or Service POST CARD MAILINGS / WALK LIST		Date (MM/DD/YYYY) 10/27/2017 Fair Market Value 706.00
City OBETZ	State OH <input checked="" type="checkbox"/>	Zip Code 43207	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor ANGELA KIRK		Employer, Occupation, Labor Organization* CANDIDATE		Registration Number, if PAC
Street Address 4023 GRAVES DR		Description of Item or Service PETITION FILING FEE		Date (MM/DD/YYYY) 08/07/2017 Fair Market Value 30.00
City OBETZ	State OH <input checked="" type="checkbox"/>	Zip Code 43207	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor ANGELA KIRK		Employer, Occupation, Labor Organization* CANDIDATE		Registration Number, if PAC
Street Address 4023 GRAVES DR		Description of Item or Service LABELS		Date (MM/DD/YYYY) 10/15/2017 Fair Market Value 100.00
City OBETZ	State OH <input checked="" type="checkbox"/>	Zip Code 43207	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" 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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 \$ 836.00