



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| Full Name of Committee | · | | | | | | |
|---------------------------------------|---------------------|---------------------|---|---|-------------------------------------|-----------------------------|--|
| GLASGOW FOR COUNCIL | | | | | | | |
| Full Name of Contributor | | | Employer, Occu | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| MALCOLM M. GLASGOW | | | | | | | |
| Street Address | Description of Iten | | or Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| 793 LINDENHAVEN ROAD | [| EBT FORGIV | EN | | 02/28/2018 | 76.93 | |
| City | | State | Zip Code | Received at Fundrais | sing Event? | | |
| GAHANNA OH | | он | 43230 | ☐ Yes 🗶 No |) | | |
| Full Name of Contributor | | | Employer, Occu | pation, Labor Organization | Registration Number, | if PAC | |
| | | | | | | | |
| Street Address Description of I | | escription of Item | or Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| City | | State | Zip Code Received at Fundraising Even | | sing Event? | | |
| | | | | ☐ Yes ☐ No | | | |
| Full Name of Contributor | | | Employer, Occu | Employer, Occupation, Labor Organization* Registration Number, if PAC | | | |
| Street Address Description of Ite | | escription of Item | or Service | | Date (MM/DD/YYYY) Fair Market Value | | |
| Street Address | ٦ | rescription of item | or service | | Date (MM/DD/1111) Fail Market Value | | |
| City State | | State | Zip Code | Zip Code Received at Fundraising Event? | | | |
| | | | | ☐ Yes ☐ No | | | |
| Full Name of Contributor | | Employer, Occu | Employer, Occupation, Labor Organization* Registration Number, if PAC | | if PAC | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | , | |
| Street Address | Description of Item | | or Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| City | | State | Zip Code | Zip Code Received at Fundraising Event? | | L | |
| | | | | Yes No | | | |
| Full Name of Contributor | | | Employer, Occu | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | |
| Street Address Description of It | | Description of Item | n or Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | |
| City | | State | Zíp Code | Zip Code Received at Fundraising Event? | | | |
| | | | | ☐ Yes ☐ 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)]

| ļ | 76.93 | |
|---------------|-------|------|
| Page Total \$ | | |