



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

| Full Name of Committee                  |                                |   |   |                                 |                             |                   |  |
|---|--------------------------------|---|---|---------------------------------|-----------------------------|-------------------|--|
| Henning for Prairie                     |                                |   |   |                                 |                             |                   |  |
| Full Name of Contributor                |                                |   | Employer, Occupation, Labor Organization*                             |                                 | Registration Number, if PAC |                   |  |
| Sherry Henning                          |                                |   |   |                                 |                             |                   |  |
| treet Address Description of Item or S  |                                | on of Item or S                           | Service   |                                 | Date (MM/DD/YYYY)           | Fair Market Value |  |
| 486 N Grener Ave                        | Parade                         |   |   | 06/06/2019                      | 100.00                      |                   |  |
| City                                    | S                              | State                                     | Zip Code  | Received at Fundraising         | ng Event?                   |                   |  |
| Columbus                                |                                | OH i                                      | 43228   | ☐ Yes ⊠ No                      | Yes 🗵 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 V |                             | Fair Market Value |  |
| City                                    |                                | State                                     | Zip Code Received at Fundra   |                                 | sing Event?                 |                   |  |
|   |                                |   | :   | ☐ Yes ☐ No                      |                             | İ                 |  |
| 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                              |                                | State                                     | Zip Code  | Received at Fundraisi           | ing Event?                  |                   |  |
|   |                                |   |   | ☐ Yes ☐ No                      |                             |                   |  |
| Full Name of Contributor                |                                |   | Employer, Occupation  | n, Labor Organization*          | Registration Number, if PAC |                   |  |
| Street Address                          | Description of Item or Se      |   | ervice  |                                 | Date (MM/DD/YYYY)           | Fair Market Value |  |
| City State                              |                                | State                                     | Zip Code  | Received at Fundraisi           | ng Event?                   |                   |  |
| Full Name of Contributor                |                                | Employer, Occupation, Labor Organization* |   | Registration Number, if PAC     |                             |                   |  |
| Street Address Description of Item or S |                                | Service                                   |   | Date (MM/DD/YYYY)               | Fair Market Value           |                   |  |
| City State                              |                                | Zip Code                                  | Received at Fundraisi   | ng Event?                       |                             |                   |  |

\* 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)]

| 100.00<br>Page Total \$ | _ |
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