31-J-1 R.C. 3517.10

In-Kind Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full	0	./				
110NCMAN TOX CROSS CITY	CARNO					
Full Name of Contributor THE TAIL GROVE CALL Street Address Street Address	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
4717 Nicholas Forte Dr.	Food/Dr	re to Social	11	03	15	41.37
Street Address 4717 Nicholas Pointe Dr. City Grave Cyly Full Name of Contributor	State 6 H	Zip Code 43/33	Received at Fundraising Event?			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
	Employer, Occupa	non, 1.200 Organization	Kegistia	HOR NUL	10c1, 11 1	rac
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive		_	Event?
Full Name of Contributor	El O	tion, Labor Organization*	***			
run vane of Conditionax	глироуч, оссира	ion, Labor Organization	Registration Number, if PAC			
Street Address	Description of Item	or Service	M D Y Fair Market Value			
City	Sta te	Zip Code	Receive YE		_	Event?
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	Registra			
Street Address	Description of Item	or Service	M	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive	at Fund	baising	Event?
			O YE			NO
Tail Manager Constitutes	Employee Course	tion I shor Occaniumtion®	Registra			
Full Name of Contributor	Employer, Occupation, Labor Organization*		Regisua	100 1400	30C3, 11 1	AC
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive		_	Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Full Name of Contributor	Employer, Occupation, Email Organization		registration remove, a reco			
Street Address	Description of Item	or Service	М	D	Y	Fair Market Value
City	Sta te	Zip Code	Receive		_	Event?
Full Name of Contributor	Employer Occurs	tion. Labor Organization*	Registra			
Pull Name of Conditional	Employer, Occupation, Labor Organization*					
Street Address	Description of Item	or Service	М	P	ΙΥ	Fair Market Value
				1	1	
				1		
City	Sta te	Zip Code	Receive		_	
·			O YE	5		NO
City Full Name of Contributor		Zip Code tion, Labor Organization*		5		NO PAC
·		tion, Labor Organization*	O YE	5		NO
Full Name of Contributor	Employer, Occupa	tion, Labor Organization*	☐ YE.Registra	tion Nur	nber, if I	NO PAC Fair Market Value

Page Total \$ 41.37

^{*} 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)]