



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Friends of Ron McClure  Full Name of Contributor  PAUCK  Street Address  Description of Item or Service  City  State  Description of Item or Service  Descript	Full Name of Committee							
Street Address  Description of Item or Service  City  State  Description of Item or Service  Date (MM/DD/YYYY) Fair Market Value  Pull Name of Contributor  Employer, Occupation, Labor Organization*  Employer, Occupation, Labor Organization*								
Date (MM/DD/YYYY)   Fair Market Value   III   Lon Double   Received at Fundraising Event?   Pair Market Value   III   Date (MM/DD/YYYY)   Fair Market Value			Employer, Occupation, Labor Organization*		Registration Number, if PAC			
State   Zip Code   Received at Fundraising Event?   Yes   No	JAMES O KAUCK							
State   Zip Code   Received at Fundraising Event?   Yes   No	Street Address	ervice		Date (MM/DD/YYYY)	Fair Market Value			
State   Zip Code   Received at Fundraising Event?   Yes   No	IIII LONDON GROVEPORT BY COMMUNITY EVENT 11/01/2019 700					700.00		
Employer, Occupation, Labor Organization* Registration Number, if PAC  Street Address  Date (MM/DD/YYYY) Fair Market Value  City  State  Zip Code  Employer, Occupation, Labor Organization* Registration Number, if PAC  Employer, Occupation, Labor Organization* Registration Number, if PAC  Street Address  Description of Item or Service  Date (MM/DD/YYYY) Fair Market Value  City  State  Zip Code  Received at Fundraising Event?  Date (MM/DD/YYYY) Fair Market Value  Employer, Occupation, Labor Organization* Registration Number, if PAC  Street Address  Description of Item or Service  Date (MM/DD/YYYY) Fair Market Value  Employer, Occupation, Labor Organization* Registration Number, if PAC  Street Address  Description of Item or Service  Date (MM/DD/YYYY) Fair Market Value  City  State  Zip Code  Received at Fundraising Event?  PAC  Street Address  Description of Item or Service  Date (MM/DD/YYYY) Fair Market Value  City  Registration Number, if PAC	Citv		Zip Code	Received at Fundraisin	ng Event?			
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City  State  Zip Code  Received at Fundraising Event?  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 Value  City  State  Zip Code  Received at Fundraising Event?  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 Value  City  State  Zip Code  Received at Fundraising Event?  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 Value  City  State  Zip Code  Received at Fundraising Event?  Yes No	Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC		
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City  State Zip Code Received at Fundraising Event?  Yes No  Employer, Occupation, Labor Organization* Registration Number, if PAC  Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Value  City  State Zip Code Received at Fundraising Event?  Yes No	Full Name of Contributor		Employer, Occupation	ion, Labor Organization* Registration Number, if PAC				
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Street Address  Date (MM/DD/YYYY)  Fair Market Value  City  State  Zip Code  Received at Fundraising Event?  Yes  No	<b>*</b>			Yes No				
City State Zip Code Received at Fundraising Event?	Full Name of Contributor	Employer, Occupation	n, Labor Organization*	Organization* Registration Number, if PAC				
City State Zip Code Received at Fundraising Event?								
☐ Yes ☐ No	Street Address	ervice Date (MM/DD/YYYY) Fair Market Valu		Fair Market Value				
☐ Yes ☐ No			·	<b>}</b>				
	City	\ <u></u> 7	Zip Code	)	ng Event?	•		
E II A A A A A A A A A A A A A A A A A A				Yes No				
Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC	Full Name of Contributor	Employer, Occupatio	n, Labor Organization*	bor Organization* Registration Number, if PAC				
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Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Value	Street Address	Service		Date (MM/DD/YYYY)	Fair Market Value			
City State Zip Code Received at Fundraising Event?	City	State	1					
☐ Yes ☐ No			Yes No					

Page Total \$	700.	00
Page Total \$	70	

<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)]