



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| Employer, Occupation, Labor Organization* Registration Number, if PAC | Full Name of Committee | | | | | | | |
|---|------------------------------------|------------------------|------------------|---|--------------------------------|---|-------------------|--|
| Attorney Street Address Based Fallen Timbers Drive State | Committee to Elect Victoria Newell | | | | | | | |
| Description of Item or Service Date (MM/DD/YYYY) Fair Market Value | Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| Social Media Ad State Zip Code Received at Fundraising Event? Dublin OH 43017 Pes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Pair Market Value No | Thomas M. McCash | | | Attorney | | | ! | |
| State Zip Code Received at Fundraising Event? PAC | Street Address | Descripti | ion of Item or S | ervice | | Date (MM/DD/YYYY) | Fair Market Value | |
| Dublin OH 43017 | 6864 Fallen Timbers Drive | Social | | | | | | |
| Employer, Occupation, Labor Organization* Registration Number, if PAC | City | | State | Zip Code | Received at Fundraising | ng Event? | | |
| Description of Item or Service Date (MM/DD/YYYY) Fair Market Value 10/25/2017 150.00 | Dublin | - | ОН | 43017 | ☐ Yes 🗵 No | | | |
| Date (MM/DD/YYYY) Fair Market Value 10/25/2017 150.00 | Full Name of Contributor | - | | Employer, Occupation | n, Labor Organization* | Registration Number, | f PAC | |
| Web Site Interview Video 10/25/2017 150.00 | Deborah Mitchell | | | Fisher College Of Business | | | | |
| State Zip Code Received at Fundraising Event? Dublin PAC | Street Address | Description of Item or | | I Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| Dublin OH 43017 | 178 Longview Dr. | Web S | ite Interview | Video | | 10/25/2017 150.00 | | |
| Employer, Occupation, Labor Organization* Registration Number, if PAC Pair Market Value | City | <u> </u> | State | Zip Code | Received at Fundraising | ng Event? | | |
| Description of Item or Service Date (MM/DD/YYYY) Fair Market Value | Dublin | | ОН | 43017 | ☐ Yes 🗵 No | | | |
| Description of Item or Service Date (MM/DD/YYYY) Fair Market Value | Full Name of Contributor | | | Employer, Occupation | n, Labor Organization* | oor Organization* Registration Number, if PAC | | |
| Forgivness of Debt Owed O1/31/2017 4000.19 City Dublin OH A3017 Employer, Occupation, Labor Organization* Received at Fundraising Event? Yes No Full Name of Contributor Date (MM/DD/YYYY) Fair Market Value City State OH Zip Code Received at Fundraising Event? Date (MM/DD/YYYY) Fair Market Value City State OH Received at Fundraising Event? Yes No Employer, Occupation, Labor Organization* Registration Number, if PAC Employer, Occupation, Labor Organization* Registration Number, if PAC | Victoria L. Newell | | | | | | | |
| City Dublin State Zip Code A3017 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 OH Zip Code Received at Fundraising Event? OH Registration Number, if PAC Employer, Occupation, Labor Organization* Registration Number, if PAC Employer, Occupation, Labor Organization* Registration Number, if PAC | Street Address | Descript | ion of Item or S | Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| Dublin OH 43017 Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC Street Address Date (MM/DD/YYYY) Fair Market Value City State Zip Code Received at Fundraising Event? OH Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC | 6864 Fallen Timbers Dr | Forgivi | ness of Debi | t Owed | | 01/31/2017 4000.19 | | |
| 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? OH Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC | y State | | State | Zip Code | Received at Fundraising Event? | | | |
| Description of Item or Service Date (MM/DD/YYYY) Fair Market Value State Zip Code Received at Fundraising Event? OH Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC | Dublin | | ОН | 43017 | ☐ Yes 🗷 No | | | |
| City State OH Employer, Occupation, Labor Organization* Registration Number, if PAC | Full Name of Contributor | | | Employer, Occupation, Labor Organization* Registration Number, if PAC | | if PAC | | |
| City State OH Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | | | | | |
| OH Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC | Street Address | Description of Item | | Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| OH Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC | | | | | | | | |
| Full Name of Contributor Employer, Occupation, Labor Organization* Registration Number, if PAC | City | | State | Zip Code | Received at Fundraisi | ng Event? | | |
| | | | ОН | | ☐ Yes 🕱 No | | i | |
| Street Address Description of Item or Service Date (MM/DD/YYYY) Fair Market Value | 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 | | | | | | | | |
| | Street Address Description of Item | | ion of Item or S | r Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | | |
| City State Zip Code Received at Fundraising Event? | City State | | State | Zip Code | Received at Fundraisi | ng Event? | | |
| OH Yes X No | | | ОН | | Yes X No | | | |

| Page Total \$ | 4173.12 | |
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^{*} 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)]