



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee						
Friends of Cathy Del	Succes					
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Cathy Di Rose						
Street Address	Description of Item or	Service		Date (MM/DD/YYYY)		
Malog Golden PL	WordPress website renewal			06/37/18	35,88	
City	State	Zip Code	Received at Fundraisin	ng Event?		
Dublin	OH L	43017	Yes XNo			
Full Name of Contributor		Employer, Occupation	n, Labor Organization*	Registration Number, i	f PAC	
Street Address Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip Code	Received at Fundraising	ng Event?		
	-		Yes No			
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	* Registration Number, if PAC		
				_		
Street Address Description of Item or 3		Service Date		Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip Code	Received at Fundraisi	ng Event?		
-			☐ Yes ☐ No			
Full Name of Contributor		Employer, Occupatio	n, Labor Organization*	Registration Number, if PAC		
Street Address Description of Item or		Service		Date (MM/DD/YYYY)	Fair Market Value	
		17. 6	1			
City	State	Zip Code	Received at Fundraisi	ng Event?		
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Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number,	IT 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			
			<u> </u>			

Page Total \$ 35.88

^{*} 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)]