



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

2897 Neil Avenue Apt. 381B Campaign Web Site City Columbus OH Zip Code Received at Fundraising E 43201 ☐ Yes ☒ No Full Name of Contributor Employer, Occupation, Labor Organization* Ref	ate (MM/DD/YYYY) 06/01/2019 Event? egistration Number, i	Fair Market Value 617.88
Charles Goodburn Street Address Description of Item or Service Campaign Web Site City Columbus Columbus Columbus Full Name of Contributor Franklin County Muni Court. Interput Date of Court. Interput Date of Court. Interput Date of Court. Interput Date of Co	ate (MM/DD/YYYY) 06/01/2019 Event? egistration Number, i	Fair Market Value 617.88
Street Address 2897 Neil Avenue Apt. 381B City Columbus OH State OH Columbus Columbus Employer, Occupation, Labor Organization* Reservice Campaign Web Site Campaign Web Site Date of Contributor State Campaign Web Site Campaign Web Site Campaign Web Site Campaign Web Site City Columbus Employer, Occupation, Labor Organization* Reservice Campaign Web Site Campaign Web Site City Columbus Employer, Occupation, Labor Organization* Reservice Campaign Web Site	06/01/2019 Event? egistration Number, i	617.88
2897 Neil Avenue Apt. 381B Campaign Web Site City Columbus OH Zip Code Received at Fundraising E 43201 ☐ Yes ☒ No Full Name of Contributor Employer, Occupation, Labor Organization* Ref	06/01/2019 Event? egistration Number, i	617.88
City State Zip Code Received at Fundraising E Columbus OH 43201 Yes No Full Name of Contributor Employer, Occupation, Labor Organization* Res	Event? egistration Number, i	if PAC
Columbus OH 43201 ☐ Yes ☒ No Full Name of Contributor Employer, Occupation, Labor Organization* Res	egistration Number, i	
Full Name of Contributor Employer, Occupation, Labor Organization* Re	ate (MM/DD/YYYY)	
	ate (MM/DD/YYYY)	
	,	Fair Market Value
Street Address Description of Item or Service Date		
City State Zip Code Received at Fundraising E	Event?	
Full Name of Contributor Employer, Occupation, Labor Organization* Re-	egistration Number, i	if PAC
Street Address Description of Item or Service Da	ate (MM/DD/YYYY)	Fair Market Value
City State Zip Code Received at Fundraising E	Event?	
Full Name of Contributor Employer, Occupation, Labor Organization* Re	egistration Number, i	if PAC
Street Address Description of Item or Service Da	ate (MM/DD/YYYY)	Fair Market Value
City State Zip Code Received at Fundraising E	Event?	
Full Name of Contributor Employer, Occupation, Labor Organization* Re	legistration Number,	if PAC
Street Address Description of Item or Service Da	oate (MM/DD/YYYY)	Fair Market Value
City State Zip Code Received at Fundraising E	Event?	

617.88	
Page Total \$	

^{*} 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)]