



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Page _____

Full Name of Committee <i>FRIENDS FOR BARNES</i>			
Full Name of Contributor <i>JOSEPH L. BARNES</i>		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address <i>3718 SECOND AVENUE</i>	Description of Item or Service <i>DONATION POSTAGE STAMPS</i>		Date (MM/DD/YYYY) Fair Market Value <i>OCT 18, 2019 \$150.00</i>
City <i>URBANCREST</i>	State <i>OH</i>	Zip Code <i>43123</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No

* 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)]

Page Total \$ *150.00*