

In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

RIENDS FOR BAR	NES_			Labor Ores	nization* D	egistration Number, if	PAC
Ill Name of Contributor			Employer, Occupation, Labor Organization* R			Acgistration (News)	
SEALL RAPIES						ate (MM/DD/YYYY)	Fair Market Value
reet Address 718 SELOND AVENUE DONATION State OH			or Service			\	
716 5-1 12 4/2 1/5	DONATE	א אמני	Pos TAGE S Zip Code 43123	STAMPS		CT 18, 2019	# 150.00
118 SECOND AVENUE	State	e	Zip Code	Received at	Fundraising	Event?	
	OH		43123	Yes	No No		
RBANCREST			Employer, Occupa	tion, Labor Org	anization* F	Registration Number, i	f PAC
Name of Contributor							
	Description	of Item or	Service		- (Date (MM/DD/YYYY)	Fair Market Value
eet Address	Description	Of Item of	00,110				
			Zip Code	Received a	nt Fundraisin	g Event?	
ty	Sta	te	-a \ `	Yes	☐ No		
				1 —	nanization*	Registration Number,	if PAC
ıll Name of Contributor			Employer, Occup	ation, Labor Or	gariizatio		
						Date (MM/DD/YYYY	Fair Market Valu
treet Address	Description of Item or		r Service	Service		Date (MM/20)1111	'
						5 -42	
ity	State		Zip Code	·			
пу				Yes	☐ No		WD40
			Employer, Occup	pation, Labor O	rganization*	Registration Numbe	r, if PAC
ull Name of Contributor							
	Descriptio	n of Item	or Service			Date (MM/DD/YYY)	() Fair Market Val
Street Address	Descriptio	iii oi itoin					
			Zip Code	Received	at Fundrais	ing Event?	
City	S	state 			☐ No		
			<u> </u>			* Registration Numb	er, if PAC
Full Name of Contributor	,		Employer, Occi	арацоп, савог с	J. ga		
						Date (MM/DD/YYY	Υ) Fair Market Va
Street Address	Descripti	on of Item	or Service			Date (IVIIVI/DD/ ()	. ,
Oliser Vaniego							
		State	Zip Code	Receive	ed at Fundrai	sing Event?	
		State	Zip Code	Receive	ed at Fundrai	sing Event?	

* 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)]

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Page Total \$ /50,00	_