



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee Citizens for Tricia Sprankle				
Full Name of Contributor Tricia Sprankle		Employer, Occupation, Labor Organization* self		Registration Number, if PAC
Street Address		Description of Item or Service purchase of yard signs/ Jeanie's Custom Embroidery		Date (MM/DD/YYYY) 10/10/2019
City Gahanna		State OH	Zip Code 43230	Fair Market Value 550.00
Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Full Name of Contributor Tricia Sprankle		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service Convention fee/ hotel (partial)		Date (MM/DD/YYYY) 06/01/2019
City Gahanna		State OH	Zip Code 43230	Fair Market Value 75.00
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)
City		State	Zip Code	Fair Market Value
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)
City		State	Zip Code	Fair Market Value
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)
City		State	Zip Code	Fair Market Value
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)
City		State	Zip Code	Fair Market Value
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)]

550.00

Page Total \$