



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee						
COMMITTEE TO EXTEND PROGRES	SS 					
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
KATHERINE CHIPPS						
reet Address Description of Item o		n or Service	r Service		Fair Market Value	
5990 EAST LIVINGSTON AVENUE	BROCHURE I	DESIGN	SIGN		300.00	
City	State	Zip Code	Received at Fundraisi	ng Event?		
OLUMBUS OH		43232	☐ Yes 区 No	es 🗵 No		
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization* Registra		if PAC	
Street Address Description of Item		or Service		Date (MM/DD/YYYY) Fair Market Value		
City	State	Zip Code	Zip Code Received at Fundraising		<u> </u>	
Full Name of Contributor		Employer, Occu	pation, Labor Organization*	Registration Number,	if PAC	
				_		
Street Address	Description of Iter	n or Service	Service		Fair Market Value	
City	State	Zip Code Received at Fundraising Ever		ng Event?		
			☐ Yes ☐ No			
Full Name of Contributor		Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Iter	n or Service	Service		Fair Market Value	
City	State	Zip Code	Received at Fundraisi	Received at Fundraising Event?		
,			☐ Yes ☐ No			
Full Name of Contributor		Employer Occu	pation, Labor Organization*	Registration Number	if PAC	
Turitaine of Contributor		2	panen, and or organization	,		
Street Address	Description of Iter	Description of Item or Service		Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip Code	Received at Fundraisi	ng Event?	<u> </u>	
•			☐ Yes ☐ No			
* Required for contributions from individuals ov	er \$100 to statewide	and general assembly	candidates. If contributor is	self-employed, the occ	upation and name	
of the individual's business, if any, rather than e \$100, the labor organization of which the emplo	mployer should be lis	ted. If two or more em	ployees contribute via payro	Il deduction and excee	d the aggregate of	
				300.00		
			Pag	je Total \$		