



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee						
David Donatria tor on:0						
Full Name of Contributor		Employer, Occupation, Labor Organization* Tailomanagemen				
Street Address 298 Carilla Ln	Service Stage		Date (MM/DD/YYYY)	Fair Market Value \$269.00		
city columbus	State OH		Received at Fundraisi	ng Event?		
Full Name of Contributor SWEA/EPAC		Employer, Occupation	n, Labor Organization* OEA	Registration Number,	_	
Street Address 4074 Hover Rd #201	Service Stage		Date (MM/DD/YYYY)	Fair Market Value 7 \$ 192.12		
city Grove City	State OH	Zip Code 43123	Received at Fundraisi	ng Event?		
Full Name of Contributor Park Street C	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address 491 Parkst.	dress 91 Park St. Description of Item or S Refves		Service hments		Fair Market Value	
city Columbus	State OH	Zip Code 43215	Received at Fundraisi	ng Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number,	if PAC		
Street Address	Service		Date (MM/DD/YYYY)	Fair Market Value		
City State OH		Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value	
City State OH		Zip Code	Received at Fundraisi	ř		

Page Total \$

<sup>\*</sup> 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)]