Page	8

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Donahey Committee								
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
In-Kind Contributions received at								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
fundraising event of \$250 or less	Refreshments		1 0	1   5	0   6	,	250.00	
City	State	Zip Code	Received	at Fund	aising E	vent?		
				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Albert Donahey			1					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
7171 Charleton Ct.	State	Postage Zip Code	1 0	<u>U I</u>	<u> </u>	L	70.20	
<sup>City</sup> Canal Winchester	O H	1 -		at runci YES	aising E	Vent? NO		
Full Name of Contributor		pation, Labor Organization *			ov if D			
Albert Donahey	Employer, Occu	Registration Number, if PAC						
Street Address	Description of Item or Service		M D Y Fair Market Value					
7171 Charleton Ct.	Postage		$\begin{vmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $					
City	State	Zip Code	Received				7 1,10	
Canal Winchester	- $        -$	43110		YES		✓ <sub>NO</sub>		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registrati	on Numl	er, if PA	AC	· · · · ·	
CVL, Inc.								
Street Address	Description of Item or Service		M	Ď	Y	Fair Market Value	-2	
6419 Nicholas Drive		T-shirts		1 5			65.50	
City	State	Zip Code	Received		aising E			
Columbus	$O \mid H$			YES		✓ NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Albert Donahey Street Address			1 37 1	15	37	In take Care		
7171 Charleton Ct.	Description of Item or Service  Candy for parade		M	D O I 4	Y	Fair Market Value	20.21	
City	State	Zip Code	0 9 Received	U 4	U D	Lent?	30.31	
Canal Winchester	h I	43110		YES	mome r	√ NO		
Full Name of Contributor		pation, Labor Organization *	Registration		er. if PA	-		
		Nogistianon Namosi, Al III						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
City	State	Zip Code	Received :	at Fundr	aising E	vent?		
		<u></u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	YES		□NO		
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registratio	on Numb	er, if PA	vC		
**************************************								
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
					,	ļ		
City	State	Zip Code	Received a		aising Ev			
T (IX)			YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	D. idi est est		M	D 1	v	Toin Manter 37-1	<del>,</del>	
Bucci Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State	Zip Code	Received a	at Funder	iging Ex	l rent?		
	State	Zip Couc	· · · · · · · · · · · · · · · · · · ·	at rundir ÆS	nomg E\	NO		
	<u> </u>	<u> </u>	<u> </u>			Land 170		

Page Total \$ 490.11

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]