

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
David Donofrio for Ohio				
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Jeffrey Mackey	Attorney			
Street Address	Description of Item or Service	M	D	Fair Market Value
1532 Melrose Ave	Fundraiser	0	5	\$175.00
City	State	Zip Code	Received at Fundraising Event?	
Columbus	OH	43224	<input checked="" 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	M	D	Fair Market Value
City	State	Zip Code	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	M	D	Fair Market Value
City	State	Zip Code	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	M	D	Fair Market Value
City	State	Zip Code	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	M	D	Fair Market Value
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			<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	M	D	Fair Market Value
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Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC	
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Zip Code	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	M	D	Fair Market Value
City	State	Zip Code	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)]

Page Total \$ \$175.00