

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Judge O'Donnell			
Full Name of Contributor Jill O'Donnell	Employer, Occupation, Labor Organization* Homemaker		Registration Number, if PAC
Street Address 615 City Park Ave.	Description of Item or Service Food & beverage at 10/4 fund raiser		M D Y Fair Market Value 1 0 3 1 1 4 \$584.42
City Columbus	State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor Terrence O'Donnell	Employer, Occupation, Labor Organization* Dickinson Wright PLLC/attc		Registration Number, if PAC
Street Address 615 City Park Ave.	Description of Item or Service Food & beverage at 10/4 fund raiser		M D Y Fair Market Value 1 0 3 1 1 4 \$236.75
City Columbus	State OH	Zip Code 43206	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address	Description of Item or Service		M D Y Fair Market Value
City	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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 **\$821.17**