



## **In-Kind Contributions Received**

Form 31-J-1 R.C. 3517.10

Full Name of Committee  David Davofrio For Onio  Employer, Occupation, Labor Organization Registration Number, if PAC  Tailor Ranagement  Tailor Ranagement						
Full Name of Contributor, David David		Employer, Occupation, Labor Organization		Registration Number, if PAC		
Street Address  296 Carilla  Description of Item or S  Social		service I media		Date (MM/DD/YYYY) Fair Market Value		
COLUMBUS	State O M	Zip Code U377	Zip Code Received at Fundraising ☐ Yes No		g Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or	Service		Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor		Employer, Occupation	on, Labor Organization*	or Organization* Registration Number, if PAC		
Street Address	Description of Item or	escription of Item or Service			Fair Market Value	
City	State	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	Service	<del>-</del>	Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip Code Received at Fundraising Event?  ☐ Yes ☐ No				
Full Name of Contributor		Employer, Occupation	Employer, Occupation, Labor Organization* Registration Number, if PAC		if PAC	
Street Address	Description of Item or Service			Date (MM/DD/YYYY)	Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?			
* Required for contributions from individuals over of the individual's business, if any, rather than em \$100, the labor organization of which the employe	ployer should be listed.	If two or more employ-	ees contribute via payro			
			Pag	e Total \$	00	