



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

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Full Name of Committee Donofrio for Onio						
Full Name of Contributor David Dandfrio		Employer, Occupation, Labor Organization* Registration Number, if PAC Ta: (ared Management N/A				
Street Address 298 canilla LN-	Secanila LN- Description of Item or S			Date (MM/DD/YYYY) Fair Market Value 2/05/2017 5608-35		
City C-1UMBUS State Zip Code 43-7			Received at Fundraisin	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		Zip Code	Received at Fundraisin	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		Zip Code	Received at Fundraisin	sing Event?		
Full Name of Contributor		Employer, Occupation	yer, Occupation, Labor Organization* Registration Number, if PAC		f PAC	
Street Address	Service		Date (MM/DD/YYYY)	Fair Market Value		
City	State	Zip Code	Received at Fundraisi	ng Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
treet Address Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value	
City State		Zip Code	Received at Fundraisi	sing Event?		

^{*} 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)]