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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	r donnie eon ii ii	DCE.							
THE COMMITTEE TO ELEC									
Full Name of Contributor T. MARK ESSARY	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value	-		
1500 MARVIN DRIVE		TICKET TO FUND RAISER		2 3	016	6	40.00		
City REYNOLDSBURG	State O   H			Received at Fundraising Event?  YES  NO					
Full Name of Contributor	Employer, Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code		d at Fund YES	raising F	Event?			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	Event?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *			ber, if P	AC			
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	Event?			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	_	d at Fund YES	raising E	Event?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	ivent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	lvent?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of It	Description of Item or Service		D	Y	Fair Market Value			
City	State	Zip Code	Received	d at Fund YES	raising E	vent?			

<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)]