



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

Full Name of Committee Bracco for Domestic Cont Trage Commitmee						
Full Name of Contributor O95;5 Emb(o;6)	1			Registration Number, if PAC		
Street Address 663-R Huntley Rd.	Description of Item or	Service (9m)	ngign t-slids	Date (MM/DD/YYYY) Fair Market Value 02/09/20/8 389 23		
City (D/V somb v3	State	Zip Code 43229	Received at Fundraisi	ng Evént? /		
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 Fundraisin	ng Event?		
Full Name of Contributor	Employer, Occupatio	ion, 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?		
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City	State	Zip Code	Received at Fundraisi	ng Event?		

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^{*} 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)]