



In-Kind Contributions Received

Form 31-J-1 R C 3517 10

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Full Name of Committee Friends of DeLena Ciamacco							
Full Name of Contributor CMACO Real Estate			Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or S		Service		Date (MM/DD/YYYY)	Fair Market Value	
4531 E. Walnut Street	stamps				10/15/2017		
City	State		Zip Code	Received at Fundraising Event?			
esterville OH		ОН	43081	☐ Yes 🗷 No	K No		
Full Name of Contributor			Employer, Occupation	n, Labor Organization*	Registration Number, if PAC		
et Address Description of Item or S			Service		Date (MM/DD/YYYY)	Fair Market Value	
City	<u> </u>	State	Zip Code	Received at Fundraisin	ng Event?		
		он		Yes No			
Full Name of Contributor			Employer, Occupation	er, Occupation, Labor Organization* Registration Number, if PAC			
Street Address	Descript	ion of Item or S	ervice		Date (MM/DD/YYYY)	Fair Market Value	
State		State	Zip Code Received at Fundraisi		ng Event?		
		ОН		☐ Yes ☐ No	}		
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City	<u> </u>	State	Zip Code	Received at Fundraising	ng Event?		
	ł	ОН		☐ Yes ☐ No			
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treet Address Description of Item or		ion of Item or S	Service		Date (MM/DD/YYYY)	Fair Market Value	
ity State OH		Zip Code	Received at Fundraisin	ng Event?			
							

88.00 Page Total \$	
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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)]